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(Req	uestor's Name)	-			
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COVER LETTER

	gistration S vision of Co	ection orporations		
SUBJECT:	Plunder	Design LLC		
SUBJECT.		(Name of For	eign Limited Liabilit	y Company)
Dear Sir or N	Madam:			
The enclosed	d withdraw	val and fee(s) are submitted	d for filing.	
Please return	all corres	pondence concerning this	matter to the following	ng:
Brad Adam	15			
	 	(Name of Person)		_
Plunder De	sign LLC			
		(Firm/Company)		_
1532 Amer	ican Way	•		
	· · · · · ·	(Address)		
Payson, Ul	T 84651			
		(City/State and Zip Cod	e)	_
For further i	nformation	a concerning this matter, p	lease call:	
Brad Adam	18		801- at (878-6360
	(Nan	of Person)		& Daytime Telephone Number)
Reg Div Clit 266	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		istration Section sion of Corporations Box 6327	
Enclosed is	a check fo	or the following amount:		
■ \$25 Filing	g Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

lunder Design LLC
(Name of limited liability company)
ltah
(Jurisdiction of its organization)
9/04/2015
(Date registered with Florida Department of State)
195933-0160
(Florida Document Number)
his limited liability company is withdrawing its certificate of authority in this state.
Iffective Date, if other than the date of filing:
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, his date will not be listed as the document's effective date on the Department of State's records.
(Signature of authorized representative)
Brad Adams
(Typed or printed name of signce)

Filing Fee: \$25.00