m15000007528

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
*

Office Use Only



000288621340



FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

8/30/16

NAME:

EAGLE RUN ENTERPRISES, LLC

TYPE OF FILING: WITHDRAWAL

COST:

55.00

RETURN:

CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: EAGLE RUN ENTERPRISES, LLC (Name of Foreign Limited Liability Company)
Dear Sir or Madam:
The enclosed withdrawal and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Barbara h. Higgins (Name of Person)
(Firm/Company)
501 Columbia Circle (Address) Waterloo, IA 5070/ (City/State and Zip Code)
For further information concerning this matter, please call:
Barbava Higgins at 3/9, 464-009/3= 2 (Area Code & Daytime Telephone Number)
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
Enclosed is a check for the following amount:
□ \$25 Filing Fee □ \$30 Filing Fee & □ \$55 Filing Fee & □ \$60 Filing Fee, Certificate of Status Certified Copy Certified Copy Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

EAGLE RUN ENTERPRISES, LLC.
(Name of limited liability company)
(Jurisdiction or its organization) MISSOUVI
SEPT = 9-2015 (Date registered with Florida Department of State)
(Date registered with Florida Department of State)
M15000007528
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
Larrara L. Liggins
(Signature of authorized representative)
BARBARA L. HIGGINS
(Typed or printed name of signee)

Filing Fee: \$25.00

FILED

16 AUG 30 M TO 2

SECRETARY OF STATE
AND AND 30 M TO 2