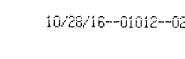
| (Re | questor's Name) | | | |
|---|-----------------|-------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificate: | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only





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COVER LETTER

| 10: | Division of | Corporations | | |
|--|---------------|---|-------------------------|---|
| SUBJE | | ke Career Connections, LL | С | |
| SODSE | <u> </u> | (Name of For | reign Limited Liability | Company) |
| Dear Si | r or Madam: | | | |
| The enc | losed withdr | awal and fee(s) are submitte | d for filing. | |
| Please r | eturn all com | espondence concerning this | matter to the following | ; |
| Lisa Do | oherty | | | |
| | | (Name of Person) | | - |
| O'Rouri | ke Career Co | nnections LLC | | |
| | · , | (Firm/Company) | | - |
| 395 Oys | ster POint Bl | vd Suite 405 | | |
| | | (Address) | | - |
| South S | an Francisco | , CA 4080 | | |
| | | (City/State and Zip Cod | le) | - |
| For furt | her informati | on concerning this matter, p | lease call: | |
| Lisa Do | herty | | 415 at (| 244-7383 |
| | (N | ame of Person) | | 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 P.O. Box 6327 Tallahassee, Florida 32314 | | |
| | | for the following amount: | | O co chi - c |
| □ 3 ∠3 F | Filing Fee | S30 Filing Fee & Certificate of Status | Certified Copy | □ \$60 Filing Fee, Certificate of Status & Certified Copy |



NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| O'Rourke Career Connections, LLC |
|---|
| (Name of limited liability company) |
| California |
| (Jurisdiction of its organization) |
| 10/14/15 |
| (Date registered with Florida Department of State) |
| M15000008226 |
| (Florida Document Number) |
| This limited liability company is withdrawing its certificate of authority in this state. |
| X DJ |
| (Signature of authorized representative) |
| Lisa Doherty |
| (Typed or printed name of signee) |

Filing Fee: \$25.00