

MI5000010240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

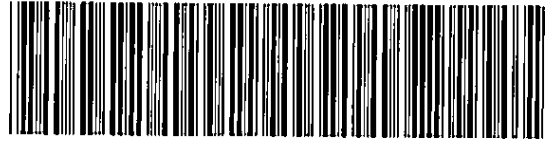
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2021 JUN 10 AM 9:06
STATE
TALLAHASSEE, FL

RECEIVED
2021 JUN 10 PM 12:58
STATE
TALLAHASSEE, FLORIDA

JUL 19 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 11, 2021

CSC

RESUBMIT

Please give original
submission date as file date.

SUBJECT: C&H DISTRIBUTORS, LLC
Ref. Number: M15000010240

We have received your document for C&H DISTRIBUTORS, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 621A00012958

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 851678 7116721

AUTHORIZATION :



COST LIMIT : \$ 60.00'

ORDER DATE : June 10, 2021

ORDER TIME : 10:21 AM

ORDER NO. : 851678-025

CUSTOMER NO: 7116721

FOREIGN FILINGS

NAME: C&H DISTRIBUTORS, LLC

XX _____ CORPORATE
_____ LIMITED PARTNERSHIP
_____ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF STATUS

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C&H Distributors, 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:

Aisha Deljanin

(Name of Person)

Global Industrial Company

(Firm/Company)

11 Harbor Park Drive

(Address)

Port Washington, NY 11050

(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas Clark

(Name of Person)

516

at (

608-3655

) _____
(Area Code & Daytime Telephone Number)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing 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

C&H Distributors, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

12/22/2015

(Date registered with Florida Department of State)

M15000010240

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



(Signature of authorized representative)

Thomas Clark, President

(Typed or printed name of signee)

RECEIVED
FLORIDA DEPARTMENT OF STATE
NOV 9 9:06 AM '15

Filing Fee: \$25.00