## M15000010378

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DATE:

4/27/18

NAME:

CANNAVEST ACQUISITION 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:	CANNAVEST Acquisition LLC  (Name of Foreign Limited Liability Company)			
oom bor.				
Dear Sir or M	Aadam:			
The enclosed	withdrawal and fee(s) are sub-	mitted for filing.		
Please return	all correspondence concerning	this matter to the following	ng:	
Amanda Vai	n Leuven			
<del></del>	(Name of Person)		_	
Procopio				
	(Firm/Company)		_	
12544 High	Bluff Drive, Suite 300			
	(Address)		_	
San Diego, C	CA 92130			
·	(City/State and Zip	Code)	_	
For further in	formation concerning this matte	er, please call:		
Amanda Van	Leuven	858 at (	720-6326	
	(Name of Person)		& Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Regi Divis P.O.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a	check for the following amou	int:		
☐ \$25 Filing	Fee \$\square\$ \$30 Filing Fee & Certificate of State	□ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Conv	

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

CANNAVEST Acquisition LLC

	(Ivanie of milited hability company)	
Delaware		
	(Jurisdiction of its organization)	
12/29/2015		
	(Date registered with Florida Department of State)	
M15000010378		
	(Florida Document Number)	-
This limited lia	ability company is withdrawing its certificate of authority in this st	ate.
Effective Date	, if other than the date of filing: April 27, 2018	(optional)
If an effective	date is listed, the date must be specific and cannot be prior to date	
	lays after filing.)	
Note: If the da	te inserted in this block does not meet the applicable statutory filing	g requirements,
nis date will n	ot be listed as the document's effective date on the Department of	State's records.
	(Signature of authorized representative)	
	(Signature of authorized representative)	_
	•	
	Joseph D. Dowling	
	(Typed or printed name of signee)	
		3
		9 0 Pm
		The State of
		- L.

Filing Fee: \$25.00