

M1600000005Z2

(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



900322979899

FILED  
2019 JAN 10 AM 10:08  
TALLAHASSEE, FL

01/10/19--01905--004 \*\*15.00

S. PRATHER

19 JAN 10 AM 10:42

RECEIVED

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 1/10 Glinda

- ☐ **CERTIFIED COPY** \_\_\_\_\_
- ☒ **PHOTOCOPY** \_\_\_\_\_
- ☐ **CUS** \_\_\_\_\_
- ☒ **FILING** **WITHDRAWAL** \_\_\_\_\_

1. W.H. REYNOLDS DISTRIBUTOR, LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** W.H. Reynolds Distributor, 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:

Otis Carter

\_\_\_\_\_  
(Name of Person)

TriMark USA, LLC

\_\_\_\_\_  
(Firm/Company)

505 Collins Street

\_\_\_\_\_  
(Address)

South Attleboro, MA 02703

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Otis Carter

\_\_\_\_\_  
(Name of Person)

508 \_\_\_\_\_  
at (\_\_\_\_\_) \_\_\_\_\_

(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  
P.O. Box 6327  
Tallahassee, Florida 32314

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

W.H. Reynolds Distributor, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

January 20, 2016

(Date registered with Florida Department of State)

M16000000522

(Florida Document Number)

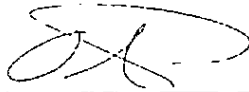
FILED  
2019 JAN 10 AM 10:09  
TALLAHASSEE, FL

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)

Otis Carter

(Typed or printed name of signee)

**Filing Fee: \$25.00**