

M16000000650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

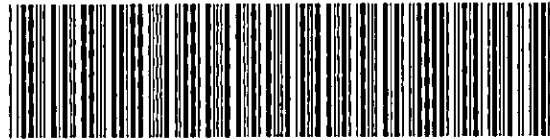
(Business Entity Name)

(Document Number)

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19 MAR 12 2:19:49

FILED
2019 MAR 12 AM 11:09
TALLAHASSEE, FLORIDA

UHS
3-13-19

FILE 1ST

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

ACCOUNT NO. : I20000000195

REFERENCE : 644195 7131809

AUTHORIZATION :



COST LIMIT : \$25.00

ORDER DATE : February 25, 2019

ORDER TIME : 11:25 AM

ORDER NO. : 644195-015

CUSTOMER NO: 7131809

FOREIGN FILINGS

NAME: MARKETING DRIVE, LLC

 CORPORATE
 LIMITED PARTNERSHIP
XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Emily Croft - EXT# 62925

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Marketing Drive, 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:

Sahra Dalfen

(Name of Person)

Reed Smith LLP

(Firm/Company)

599 Lexington Avenue, 22nd Floor

(Address)

New York, NY 10022

(City/State and Zip Code)

For further information concerning this matter, please call:

Sahra Dalfen

212

549-0303

at (_____) _____

(Name of Person)

(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

Marketing Drive, LLC

(Name of limited liability company)

Illinois

(Jurisdiction of its organization)

January 25, 2016

(Date registered with Florida Department of State)


M16000000650

(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)

Antoine Adams

(Typed or printed name of signee)

2019 MAR 12 AM 11:09
STATE DEPT of STATE
TALLAHASSEE, FLORIDA

FILED

Filing Fee: \$25.00