## M16000001794

(Requestor's Name)				
(Address)				
(Address)				
(1001000)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(230,000 2,000)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				
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SECRETARY OF STATE FALLAHASSEE FLOADS

MAR 22 2017 S. YOUNG



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 27, 2017

MARGARET T KARL ATTORNEY AT LAW LLC 1100 W BAGLEY ROAD STE 210 BEREA, OH 44017

SUBJECT: SCHREIBER OF CORINTH, LLC

Ref. Number: M16000001794

We have received your document for SCHREIBER OF CORINTH, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 417A00003732

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## **COVER LETTER**

TO: Registration Section

Division of Corporations				
SUBJECT: <u>SC</u>	HREIBER OF CO	RINTH, LLC		
	(Name of Fo	reign Limited Liability	Company)	
Dear Sir or Madam:				
The enclosed withdr	awal and fee(s) are submitte	ed for filing.		
Please return all corr	respondence concerning this	s matter to the following	;;	
MARGIE	T. KARL			
	(Name of Person)		-	
MARGARET T	KARL ATTORNEY AT	TLAWLIC	_	
	(Firm/Company)			
1100 W BAGLE	4 RD 57E 210 (Address)		-	
	(Address)			
BEREA, OH	(City/State and Zip Coo		_	
,	(City/State and Zip Coo	de)		
For further informati	on concerning this matter, p	blease call:		
MARGIE T. K.	ARL & her office	ice at (440	) 973 - 4/45 Daytime Telephone Number)	
(N	ame 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 Filling 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

SCHREIBER OF CORINTH LLC	
(Name of limited liability company)	
Domestic	
(Jurisdiction of its organization)	
(Date registered with Florida Department of State)	
(Date registered with Florida Department of State)	
M16000001794	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this state.	
E Chenfl B. Vulch	SEGRETARY TALLAHASS 17 FEB 24
(Signature of authorized representative)	# # # # # # # # # # # # # # # # # # #
CHERYL L. VUCEK	
(Typed or printed name of signee)	: 発養

Filing Fee: \$25.00