

M16000003002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

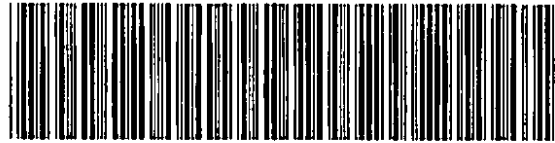
(Business Entity Name)

(Document Number)

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2019 MAR 25 PM 5:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T.G.
3/24/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRIDONIS 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:

IRIS THORNER

(Name of Person)

TRIDONIS LLC

(Firm/Company)

4876 AUDUBON

(Address)

DETROIT, MICHIGAN, 48224

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

IRIS THORNER

(Name of Person)

905

351-9185

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

TRIDONIS LLC

(Name of limited liability company)

FLORIDA

(Jurisdiction of its organization)

APRIL 7, 2016

(Date registered with Florida Department of State)

M16000003002

(Florida Document Number)

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AND
FILED

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

Effective Date, if other than the date of filing: MARCH 15, 2019 (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.

IRIS THORNER

(Signature of authorized representative)

IRIS THORNER

(Typed or printed name of signee)

Filing Fee: \$25.00