

M16000005883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

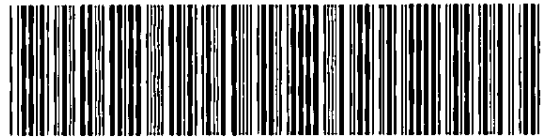
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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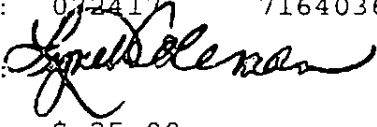
FILED
18 FEB 15 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
FEB 16 1966
18 FEB 15 PM 1:49
SPECIAL INQUIRY STATE
TALLAHASSEE, FLORIDA

K. SALY

FEB 16 2018

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

ACCOUNT NO. : I20000000195
REFERENCE : 072417 7164036
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : February 15, 2018
ORDER TIME : 12:07 PM
ORDER NO. : 072417-025
CUSTOMER NO: 7164036

FOREIGN FILINGS

NAME: CENTRAL WHOLESALERS, LLC

____ CORPORATE
____ LIMITED PARTNERSHIP
XX ____ 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: Roxanne Turner - EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Central Wholesalers, 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:

(Name of Person)

Central Wholesalers, LLC

(Firm/Company)

1000 Lowe's Boulevard

(Address)

Mooresville, North Carolina, 28117

(City/State and Zip Code)

For further information concerning this matter, please call:

Tracy Millsaps 704 758-1000

(Name of Person) 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:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Central Wholesalers, LLC

(Name of limited liability company)

North Carolina

(Jurisdiction of its organization)

07/25/2016

(Date registered with Florida Department of State)

M16000005883

(Florida Document Number)

FILED
FEB 15 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

Richard D. Malisbarger

(Typed or printed name of signee)

Filing Fee: \$25.00