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(Devented News)				
(Requestor's Name)				
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(Business Entity Name)				
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

S. WARREN JUN 0 6 2017

COVER LETTER

TO: Registration Division of	Section : Corporations		•
Gibse Subject:	on Kolb, PLC LLC		
SUBJECT.	(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	espondence concerning this	matter to the following:	
Sherrie Clare			
<u> </u>	(Name of Person)	,	_
Gibson Kolb, P	LC		
	(Firm/Company)		
8914 Stone Gro	een Way		
	(Address)		
Louisville, KY	40220		
	(City/State and Zip Cod	le)	
For further informati	on concerning this matter, p	lease call:	
John D. Kolb		502	614-3776
(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 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

Gibson Kolb, PLC
(Name of limited liability company)
Kentucky
(Jurisdiction of its organization)
12/12/2016
(Date registered with Florida Department of State)
M1600009989
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
(Signature of authorized representative)
John D. Kolb

(Typed or printed name of signee)

Filing Fee: \$25.00

