## M1100000 2214

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## **COVER LETTER**

	egistration S division of Co		·	•		
SUBJECT	r: CROSS	DEVELOPMEN I (Name of For	CC BOOA eign Limited Liability	RATON, UC (Company)	<del>-</del>	
Dear Sir o	r Madam:					
The enclos	sed withdraw	al and fee(s) are submitted	d for filing.			
Please retu	ırn all corresi	pondence concerning this	matter to the followin	g:		
SARAH	H MAC	(Name of Person)		_		
Cross	DEVE	(Pirm/Company)		_		
4336	MARS	H PIXTE DD (Address)		_	<b>~</b> `	D
CARROLLTON, TK 75010 (City/State and Zip Code)				<del>-</del> -	61 £3. 00	の音楽
For further information concerning this matter, please call:						Y OF S
SARAH	MACHEI (Name	MEITL e of Person)	at ( <u>214</u> (Area Code &	U14-8252 ext 39 R Daytime Telephone Number)	- 3	SATION:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee. FL 32303	810		
Enclosed i	s a check fo	r the following amount:				
t <b>X</b> \$25 Fili	ng Fee [	□ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	<ul> <li>\$60 Filing Fee.</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> </ul>		

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

(Name of limited liability company)	
(Name of limited hability company)	
(Jurisdiction of its organization)	
03/13/2017	
(Date registered with Florida Department of State)	
M17000002Z14	
(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:	
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.	, 1
	H.ED
(Signature of authorized representative)	> T & T C
STENE RUMSSY (Typed or printed name of signee)	

Filing Fee: \$25.00