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Name:	Adams Radio of Tallahassee, LLC				
Document #:					
Order #:	14994948 - 1				
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Thank you!

COVER LETTER

	siration Se sion of Coi			
SUBJECT:	Adams Ra	dio of Tallahassee, LLC		
		(Name of For	eign Limited Liability	Company)
Dear Sir or M	adam:			
The enclosed	withdrawa	I and fee(s) are submitte	d for filing.	
Please return a	all corresp	ondence concerning this	matter to the followin	g:
Alexandra Fa	rren			
		(Name of Person)		_
Kaplan, Stran	igis and Ka	ıplan		
		(Firm/Company)		_
730 2nd Ave	S Suite 14	50		
		(Address)		_
Minneapolis,	MN 55402	2		_
		(City/State and Zip Cod	e)	
For further int	formation (concerning this matter, p	lease call:	
Alexandra Fa	rren		612 at (375-1138
	(Name	of Person)		& Daytime Telephone Number)
Reg Divi P.O.	. Box 63	Section Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 816 Tallahassee, FL 32303
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

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SECRETARY OF STATE

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Adams Radio of Tallahassec, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
9/13/2017
(Date registered with Florida Department of State)
M17000007766
(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:
Robert York
(Typed or printed name of signee)

Filing Fee: \$25.00