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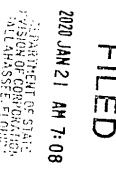
(Requestor's Name)
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## **COVER LETTER**

	stration Se ion of Co	etion rporations		
SUBJECT:	William J	Rollo Consulting LLC		
SOBJECT		(Name of Fo	reign Limited Liability	Company)
Dear Sir or M	adam:			
The enclosed	withdrawa	I and fee(s) are submitte	ed for filing.	
Please return a	ill corresp	ondence concerning this	s matter to the followin	ā:
William Rollo	)			
		(Name of Person)		_
William J Rol	lo Consul	ting LLC		
	<del></del>	(Firm/Company)		_
1718 P St NW	/ Unit T13	7		
		(Address)		_
Washington, l	DC 20030	Ś		
		(City/State and Zip Coo	ie)	_
For further inf	ormation -	concerning this matter, [	please call:	
William Rolle	)		929 at (	363-8846
	(Name	of Person)	(Area Code &	& Daytime Telephone Number)
Regi Divi P.O.	Box 63.	Section Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 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

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

William J Rollo Consulting LLC
(Name of limited liability company)
New York
(Jurisdiction of its organization)
November 2018
(Date registered with Florida Department of State)
M18000009979
(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:  (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)
William Rollo
(Typed or printed name of signee)

Filing Fee: \$25.00

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