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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195

: (850)521-0821

Phone

Fax Number

: (850)558-1515

LLC DISSOLUTION OR WITHDRAWAL FAZZI ASSOCIATES LLC

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COVER LETTER

	sistration S ision of C	Section orporations		
	Fazzi As	sociates LLC		
SUBJECT:		(Name of Fore	ign Limited Liability Co	ompany)
Dear Sir or l	Madam.			
The enclose	d withdrav	val and fee(s) are submitted	for filing.	
Please retur	n all corre	spondence concerning this n	natter to the following.	
DLR				
		(Name of Person)		
Barnek Fer	razzano K	irschbaum & Nagelberg LL	P(DLR)	
		(Firm/Company)		
200 W. Ma	idison St.,	Suite 3900		
		(Address)		
Chicago, II	L 60606			
		(City/State and Zip Code	:)	
For further	informatio	on concerning this matter, pl	lease call.	
			at () Daytime Telephone Number)
	(Na	me of Person)	& Area Code)	Daytime Telephone Number)
R D C 20	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		ration Section on of Corporations Box 6327	
Enclosed i	is a check	for the following amount:		
■ \$2 5 Fili	ing Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Fazzi Associates	FLLC	20
	(Name of limited liability company)	2020 APR
MA		
	(Jurisdiction of its organization)	
11/12/2019		- 呈
	(Date registered with Florida Department of State)	9: 08
M19000010906		<u> </u>
	(Florida Document Number)	
Effective Date (If an effective more than 90 Natural If the d	iability company is withdrawing its certificate of authority in this e, if other than the date of filing: e date is listed, the date must be specific and cannot be prior to d days after filing.) ate inserted in this block does not meet the applicable statutory f not be listed as the document's effective date on the Department	(optional) late of filing or iling requirements,
	Robert (Weber	
	Robert C. Weber	
	(Typed or printed name of signee)	

Filing Fee: \$25.00