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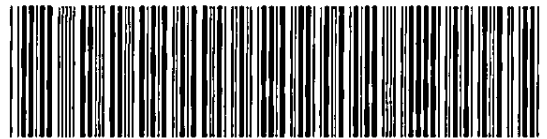
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TO: Amendment Section
Division of Corporations

SUBJECT: Leo A. Daly Company

(Name of Corporation)

DOCUMENT NUMBER: 816934

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rhiannon Lauer

(Name of Person)

LicenseSure LLC

(Firm/Company)

801 2nd Ave, 15th FL

(Address)

New York, NY 10017

(City/State and Zip code)

For further information concerning this matter, please call:

Rhiannon Lauer

at (844) 554-2367

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
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