

M96000000415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT  
MAR 19 2013

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AFP-Miami, Limited Company  
\_\_\_\_\_  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Beth Freemal

\_\_\_\_\_  
(Name of Person)

Chavez Properties

\_\_\_\_\_  
(Firm Company)

250 W. Court Street, Suite 200E

\_\_\_\_\_  
(Address)

Cincinnati, OH 45202

\_\_\_\_\_  
(City State and Zip Code)

For further information concerning this matter, please call:

Beth Freemal

513

241-0429

at (

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_) \_\_\_\_\_  
(Area Code & Daytime Telephone Number)

**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

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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TALLAHASSEE, FLORIDA

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

AFP-Miami, Limited Company

(Name of limited liability company)

Ohio

(Jurisdiction of its organization)

10/21/1996

(Date registered with Florida Department of State)

M96000000415

(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: \_\_\_\_\_ (optional)

(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.

*Beth Freeman*

(Signature of authorized representative)

Beth Freeman

(Typed or printed name of signee)

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TALLAHASSEE, FLORIDA

Filing Fee: \$25.00