

M97000000194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

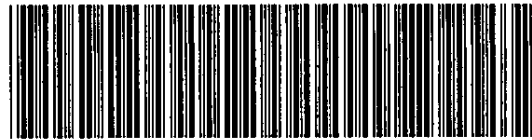
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/20/18--01015--003 **25.00

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18 MAY - 9 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS

MAY 1 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 25, 2018

ROBERT GELBACH
7490 FOXBORO RD
GATES MILLS, OH 44040

SUBJECT: BROWARD TESTING LABORATORY, LTD. LIMITED COMPANY
Ref. Number: M97000000194

We have received your document for BROWARD TESTING LABORATORY, LTD. LIMITED COMPANY and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida LLC, but your entity is a Foreign LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 318A00008505

RECEIVED

2018 MAY -9 AM 10:04

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BROWARD TESTING LABORATORY, LTD LIMITED COMPANY
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT W. GOLBACH
(Name of Person)

BROWARD TESTING LABORATORY, LTD LIMITED COMPANY
(Firm/Company)

7490 FOXBORO ROAD
(Address)

GATES MILLS, OHIO 44040
(City/State and Zip Code)

For further information concerning this matter, please call:

THOMAS P. ZIMMERMAN at (440) 449 2525 X 240
(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

THIS CHECK
IS IN YOUR
POSSESSION

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

BROWARD TESTING LABORATORY, LTD LIMITED COMPANY
(Name of limited liability company)

OHIO

(Jurisdiction of its organization)

04/11/1997

(Date registered with Florida Department of State)

M97000000194

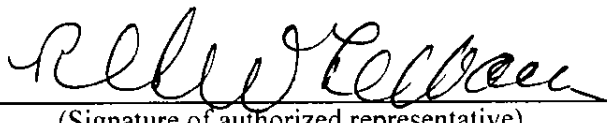
(Florida Document Number)

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.



(Signature of authorized representative)

ROBERT M. GELBACH

(Typed or printed name of signee)

Filing Fee: \$25.00