

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** \_\_\_\_\_  
Name of Corporation

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
Name of Person Area Code Daytime Telephone Number

**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  
Tallahassee, FL 32303

**WITHDRAWAL STATEMENT**

Pursuant to section 607.0124, Florida Statutes, I hereby submit the following withdrawal statement withdrawing a record before it takes effect:

**FIRST:** The name of the corporation is: \_\_\_\_\_

\_\_\_\_\_

**SECOND:** The Florida Document number of the limited liability company is: \_\_\_\_\_

**THIRD:** The record to be withdrawn is: \_\_\_\_\_

\_\_\_\_\_

**FOURTH:** Please check the appropriate box

This withdrawal statement is signed by all the persons who signed the record being withdrawn.  
or

This record is withdrawn in accordance with the agreement of all the persons who signed the record.

\_\_\_\_\_  
Signature of person submitting withdrawal

\_\_\_\_\_  
Typed or printed name of signature

\_\_\_\_\_  
Signature of person submitting withdrawal

\_\_\_\_\_  
Typed or printed name of signature

\_\_\_\_\_  
Signature of person submitting withdrawal

\_\_\_\_\_  
Typed or printed name of signature

\_\_\_\_\_  
Signature of person submitting withdrawal

\_\_\_\_\_  
Typed or printed name of signature

**Filing fee: \$35.00**  
**Certified Copy: \$ 8.75 (optional)**