

M07 00000 5146

(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



300280065803

02/05/16--01011--026 **25.00

FILED
16 FEB -5 AM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 08 2016

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Proxense, LLC
(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:

JOHN GIORBI
(Name of Person)

PROXENSE LLC
(Firm/Company)

689 NW STONEPINE DR.
(Address)

BEND OR 97701
(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN GIORBI at (541) 382-5745
(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 |
|--|---|--|--|

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Proxense, LLC

(Name of limited liability company)

(Jurisdiction of its organization)

8/23/2007

(Date registered with Florida Department of State)

M07000005146

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

 CFO

(Signature of authorized representative)

MICHAEL T. ESBOEN

(Typed or printed name of signee)

FILED
16 FEB -5 AM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00