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COVER LETTER

Registration Section 🖟 Division of Corporations Prepaidworx, LLC SUBJECT: (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: Candice Pair (Name of Person) Prepaidworx, LLC (Firm/Company) 3124 Brother Blvd. Ste. 104 (Address) Bartlett, TN 38133 (City/State and Zip Code) For further information concerning this matter, please call: Candice Pair (Name of Person) (Area Code & Daytime Telephone Number) STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: 2 \$25 Filing Fee □ \$30 Filing Fee & □ \$55 Filing Fee & □ \$60 Filing Fee,

Certified Copy

Certificate of Status &

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Prepaidworx, LLC	
(Name of limited liability company)	
Tennessee	
(Jurisdiction of its organization)	_
05/17/2013	
(Date registered with Florida Department of State)	_
M13000003154	
(Florida Document Number)	_
This limited liability company is withdrawing its certificate of authority in this state. (Signature of authorized representative)	
Domestic Investments, LLC	
(Typed or printed name of signee)	

Filing Fee: \$25.00