## M22000016519

	(Requestor's Name)				
	(Address)				
	(Address)				
	(City/State/Zip/Phone #)				
PICK-UF	WAIT MAIL				
	(Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					
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	SEP 1 3 2023				

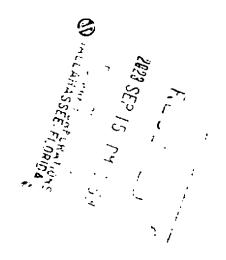
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SECRETARY OF STATE

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## **COVER LETTER**

	CO	OVER LETTE	R
TO: Registration Division o	n Section f Corporations		
Utegr	ration, LLC		
30b3LC1	(Name of For	eign Limited Liability	Company)
Dear Sir or Madam			
The enclosed withd	rawal and fee(s) are submitte	d for filing.	
Please return all cor	respondence concerning this	matter to the followin	ığ:
Robert Buckner II			
	(Name of Person)		_
c/o Cognizant Te	chnology Solutions Legal I	Department	
	(Firm/Company)	<del></del>	_
300 Frank W. Bur	r Boulevard, Suite 36, 6th	Floor	
	(Address)		_
Teaneck, NJ 076	36		
	(City/State and Zip Cod	e)	_
For further informat	ion concerning this matter, p	dease call:	
Robert Buckner II		815 at (	763-0150
4)	lame of Person)		& Daytime Telephone Number)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303
Enclosed is a check	for the following amount:		
□\$25 Filing Fee	S30 Filing Fee &	□\$55 Filing Fee &	☐ \$60 Filing Fee.

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Utegration, LLC			
	(Name of limited liability company)		<del></del>
Delaware		-11. SEOI	2023 S
	(Jurisdiction of its organization)	<u> </u>	<u> </u>
10/27/2022		SARY SARY	2
	(Date registered with Florida Department of State)	7	3
M22000016519		STA	ё. —
	(Florida Document Number)	्रे देखी	61
more than 90 da <b>Note:</b> If the dat	date is listed, the date must be specific and cannot be prior to days after filing.) e inserted in this block does not meet the applicable statutory for be listed as the document's effective date on the Department	filing require	ments.
	Comp. P. P. Composition of authorized representative)		
	Carrie P. Ryan		
-	(Typed or printed name of signee)		

Filing Fee: \$25.00