B070000000333

(Requestor's Name)							
(Address)							
(Address)							
. (City/State/Zip/Phone #)							
□ PICK-UP □ WAIT □ MAIL							
PICK-UP WAIT MAIL							
<u> </u>							
(Business Entity Name)							
•							
(Document Number)							
j . ·							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer							
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Office Use Only



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LP Notice 06 Cancellation



2024 JUL 18 PH 4: 30

JUL 19 2026 A RAMSEY



115 N CALHOUN ST., STE. 4 TALLAHAŞSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

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F: 800.944.6607

F: +852.2682.9790

FILEU

2024 JUL 18 AM 9: 28

NOTICE OF CANCELLATION FOR FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

	EAN.COM, LP
(Name of foreign limited p	artnership or limited liability limited partnership)
	B07000000283
(Florida Docume	nt Number of the Foreign LP or LLLP)
	DELAWARE
(Jt	urisdiction of formation)
	09/07/2007
(Date authori	zed to transact business in Florida)
• • • • • • • • • • • • • • • • • • • •	imited liability limited partnership is no longer wishes to cancel its certificate of authority pursuant to
This entity appoints the Florida Deprights of action arising out of the tra	partment of State as its agent for service of process for insaction of business in this state.
Effective date, if other than the date (Effective date cannot be prior to nor more Department of State.)	of filing: than 90 days after the date this document is filed by the Florida
	block does not meet the applicable statutory filing sted as the document's effective date on the
Signature of a general partner: Mille Manier	
Typed or printed name:	
Michael S. Marron	
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75

COVER LETTER

TO:	Registration Division of C							
CHRI	FAN COM LP							
SUDJ	(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)							
The er	nclosed Notice	of Cancellation and fe	e(s) are	submit	ted for	filing.		
Please	e return all corr	espondence concernin	g this m	atter to:				
		Michael S. Marron						
		(Contact Person)			_			
		EAN.COM, LP						
		(Firm/Company)			_			
	111	1 Expedia Group Way W	I					
		(Address)		-	_			
		Seattle, WA 98119						
	(City, State and Zip Code)			_			
For fu	irther informat	ion concerning this ma	tter, ple	ase call:				
	Michae	el S.Marron	at (206)	481-7200		
	(Name of Cont	act Person)	_ _	Area Cod	e and Da	aytime Telephone Number)		
Enclosed is a check for the following amount:								
S52	2.50 Filing Fee	S61.25 Filing Fee and Certificate of Status		05.00 Fili d Certified		S113.75 Filing Fee, Certified Copy, and Certificate of Status		
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 810 Tallahassee, FL 32303						