F10000005484

(Requestor's Name)
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O SIMMONS FEB 1 1 2020 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Pnone:	: 850-55	8-1500				
		ACCOUNT	NO. :	120000000	195	
		REFERI	ENCE :	102500	7498103	
		AUTHORIZA'	TION :		,	
		COST L	IMIT :	The state of the s	man	
ORDER	DATE :	December 16	. 2019			
ORDER	TIME :	1:40 PM				
ORDER	NO. :	102500-155				
CUSTOM	MER NO:	7498103				
	· • • • • • • • • • • • • • • • • • • •	FORE:	[GN FILI	NGS		
	NAME :	CONTROL4	CORPORA	TION		
<u> </u>		TE PARTNERSHIP LIABILITY CO	MPANY			

CONTACT PERSON: Kadesha Roberson - EXT#

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXXX WITHDRAWAL/CANCELLATION

CERTIFIED COPY
XX PLAIN STAMPED COPY

_____ CERTIFICATE OF STATUS

EXAMINER:

COVER LETTER

	nendment Section vision of Corporations		
SUBJECT	Control4 Corporation		
		(Name of Corporatio	n)
DOCUMI	ENT NUMBER:		
The enclos	sed withdrawal application and	fee are submitted for f	iling.
Please retu	ırn all correspondence concernin	g this matter to the foll	owing:
-		(Name of Person)	
_		(Firm/Company)	
-		(Address)	
_	((City/State and Zip code)
For further	information concerning this ma	tter, please call:	
Joshua Elli:	s 		19-4229
	(Name of Person)	(Area Coo	de & Daytime Telephone Number)
Enclosed is	s a check for the amount:		
□ \$35 Fili	ing Fee \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee Certified Copy (Additional copy is Enclosed)	Certificate of Status & Certified
Am Div P.C	iling Address: nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Street Address: Amendment S Division of C The Centre of 2415 N. Mon Tallahassee, F	orporations Tallahassee roe Street, Suite 810

COVER LETTER

	ndment Section sion of Corporations		
SUBJECT:	Control4 Corporation		
		(Name of Corporation)	
DOCUMEN	NT NUMBER: F10000005484		
The enclosed	d withdrawal application and	fee are submitted for filing.	
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		(Name of Person)	
		(Firm/Company)	
<u></u>		(Address)	
	((City/State and Zip code)	
For further in	nformation concerning this mat	ter, please call:	
Joshua Ellis		801 619-4229	
	(Name of Person)	(Area Code & Daytime Te	lephone Number)
Enclosed is a	check for the amount:		
□ \$35 Filing	g Fee \$\Boxed\$\$ \$43.75 Filing Fee & Certificate of Status		ling Fee, of Status & Certified litional copy is enclosed)
Amer Divis P.O. 1	nd Address: Indment Section It ion of Corporations Box 6327 hassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 3 Tallahassee, FL 32303	310

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

Control4 Corporation	
(Name of Corporation)	
F10000005484	
(Document Number of Corporation (if known)	
Delaware	
(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)	
This corporation is no longer transacting business or conducting affairs within the State of Florida and how to luntarily surrenders its authority to transact business or conduct affairs in Florida.	
This corporation revokes the authority of its registered agent in Florida to accept service on its behal appoints the Department of State as its agent for service of process based on a cause of action arising department it was authorized to transact business or conduct affairs in Florida.	f and
The following is a current mailing address for the corporation:	, P**
11734 S Election Rd.	
11734 S Election Rd. (Mailing Address) Draper, UT 84020	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the future of any change in its mailing address (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	_
Joshua Ellis Secretary	
(Typed or printed name of person signing) (Title of person signing)	

FILING FEE \$35