F19000002302

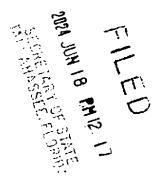
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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withdrawd



A. RAMSEY





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

Account#: I20000000088 For any issues please contact

Date:	06/18/2024	(850) 202-1882
Name:	Cheyanne Dav	vis
Reference	2405622	2
		NTURE CAPITAL MANAGMENT, INC.
☐ Art	icles of Incorporation/Au	thorization to Transact Business
Am	endment	
☐ Ch	ange of Agent	
☐ Re	instatement	
Co	nversion	
Me	rger	
✓ Dis	solution/Withdrawal	
☐ Fic	titious Name	
Oth	ner	
Authorize	d Amount: \$3	35.00
Signature	Crayant Ros	

F: 800.944.6607

F: +852.2682.9790



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

Account#: I20000000088
For any issues please contact
Cheyanne Davis
(850) 202-1882

Date:	06/18/2024	(850) 202-1882
Name:	Cheyanne Davis	_
Reference	e #: 2405622	_
		APITAL MANAGMENT, INC.
☐ Art	icles of Incorporation/Authorization	to Transact Business
Am	nendment	
☐ Ch	ange of Agent	
☐ Re	instatement	
☐ Co	nversion	
☐ Me	erger	
✓ Dis	solution/Withdrawal	
☐ Fic	titious Name	
Oth	ner	
Authorized	d Amount: \$35.00	
Signature:	(Nayuki Pra-	<u></u>

COVER LETTER

	ndment Section sion of Corporations
SUBJECT:	NORWEST VENTURE CAPITAL MANAGEMENT, INC. (Name of Corporation)
DOCUMEN	NT NUMBER: F1900000 2302
The enclosed	d withdrawal application and fee are submitted for filing.
Please return	all correspondence concerning this matter to the following:
_	SARAH SCHIEMANN (Name of Person)
	NORWEST EAPITAL MANAGEMENT (Firm/Company)
	250 NICOLLET MALL, SUITE 950 (Address)
	MINNEAPOLIS, MN 55401 (City/State and Zip code)
For further i	information concerning this matter, please call:
SAR	AH SCHIEMANN at (1012) 916 -0678 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is	a check for the amount:
🗀 \$35 Filin	rig Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy is Enclosed) Copy (Additional copy is enclosed)
Amo Divi P.O.	ing Address: endment Section sion of Corporations Box 6327 ahassee, FL 32314 Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

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

NORWEST VENTURE CAPITAL MANAGEMENT, INCO
(Name of Corporation)
F1900000230Z
(Document Number of Corporation (if known)
Minnesota ; M AY 14, 2019
(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 hereby voluntarily 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 behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the ime it was authorized to transact business or conduct affairs in Florida.
The following is a current mailing address for the corporation:
250 NI COLLET MALL, SLITE 950 (Mailing Address)
MINNEAPOUS MN 55401
The corporation agrees to notify the Department of State in the future of any change in its mailing address. (Suprature of Action, president domer officer - hands of a receiver or other court appointed fiduciary, by that fiduciary)
CHARLES MOORSE GENERAL COUNSEL (Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35