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Division of Corporations Fax Number : (850)617-6383

rax Number ; (850)617-638

From:

To:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-8842 Fax Number : (850)878-5368

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## **COVER LETTER**

TO: Registration Division o	on Section f Corporations		
SUBJECT: CSRA	Systems & Solutions LLC (Name of F	: oreign Limited Liability	Company)
Dear Sir or Madam	:		
The enclosed withd	rawal and fee(s) are submit	ed for filing.	
Place return all cor	respondence concerning thi	is matter to the following	<b>7</b> ,
ricase rettain an cor	respondence concerning un	a made to me tonowing	5'
	(Name of Person)		•
	·		
	(Firm/Company)		
		,	
	(Add:::::::::::::::::::::::::::::::::::		<b>-</b>
	(Address)		
	•		
	(City/State and Zip Co	de)	-
For further informat	ion concerning this matter,	please call:	
	·	at (	)
(N	arne of Person)	(Area Code &	Daytime Telephone Number)
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section			
	gistration Section Registration Section vision of Corporations Division of Corporations		
Clifton Bui		P.O. Box 6327	
	itive Center Circle	Taliahassee, Florida 32314	
Tallahassee	, Florida 32301		
Enclosed is a check	for the following amount	:	
S25 Filing Fee	☐ \$30 Filing Fee &	□ \$55 Filing Fee &	□ \$60 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

2016 SEP 26 AM 9: 30
TALLAHASSEE, FLORIDA

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

CSRA Systems & Solutions LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
03/04/2002
(Date registered with Florida Department of State)
M02000000611
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
(Signature of authorized representative)
Helaine G. Elderkin
(Typed or printed name of signee)

Filing Fee: \$25.00