

1703000003488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

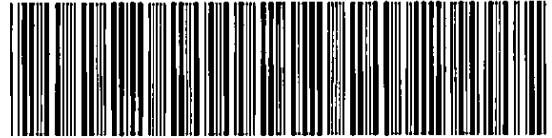
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only




600309904306

FILED
18 MAR 13 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2018 MAR 13 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 14 2018

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 113969 5052101
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : March 12, 2018
ORDER TIME : 8:51 AM
ORDER NO. : 113969-015
CUSTOMER NO: 5052101

FOREIGN FILINGS

NAME: PAYPOINT ELECTRONIC PAYMENT
SYSTEMS, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Emily Croft - EXT# 62925

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAYPOINT ELECTRONIC PAYMENT SYSTEMS, LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Linda Tennant

(Name of Person)

First Data Corporation

(Firm/Company)

6855 Pacific Street

(Address)

Omaha, NE 68106

(City/State and Zip Code)

For further information concerning this matter, please call:

Linda Tennant

(Name of Person)

at (404)

890-2760

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

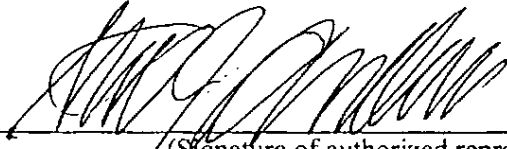
NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

PAYPOINT ELECTRONIC PAYMENT SYSTEMS, LLC	FILED 18 MAR 13 AM 8:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
10/17/2003	
(Date registered with Florida Department of State)	
M03000003488	
(Florida Document Number)	

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.


(Signature of authorized representative)

Stanley J. Andersen, Vice President & Assistant Secretary
(Typed or printed name of signee)

Filing Fee: \$25.00