MO56000005587

(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



700318747647

T. CLINI OCT 22 2018

EXAMINER

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 445879 5031566

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: October 16, 2018

ORDER TIME : 10:25 AM

ORDER NO. : 445879-155

CUSTOMER NO: 5031566

FOREIGN FILINGS

NAME: XPEDITE SYSTEMS, LLC

CORPORATE
LIMITED PARTNERSHIP

XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF STATUS

CONTACT PERSON: Emily Croft - EXT# 62925

EXAMINER:

COVER LETTER

TO: Registration Division of	i Section Corporations			
	te Systems, LLC			
SUBJECT:	(Name of Fo	reign Limited Liability (Company)	
Dear Sir or Madam:				
The enclosed withdr	awai and fee(s) are submitte	d for filing.		
Please return all corr	espondence concerning this	matter to the following:		
		<u> </u>		
	(Name of Person)			
Corporation Service	Company			
**************************************	(Firm/Company)			
	(Address)			
	(City/State and Zip Coo	de)		
For further informati	on concerning this matter, p	olease call:		
		at () Daytime Telephona Number)	— 🚉 😝
N	ame of Person)	(Area Code &	Daytimle Telephone (Number)	0
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		2018 OCT 19 AM 10: 12
2661 Execu	itive Center Circle , Florida 32301		assee, Florida 32314	
Enclosed is a check	for the following amount:			7
CI \$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	© 560 Filing Fee, Certificate of Status & Certified Copy	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Xpedite Systems, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
10/05/2005
(Date registered with Florida Department of State)
M05000005597
(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:
(Signature of authorized representative)
Gordon Davies
(Typed or printed name of signee)

Filing Fee: \$25.00

