

MO500005939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

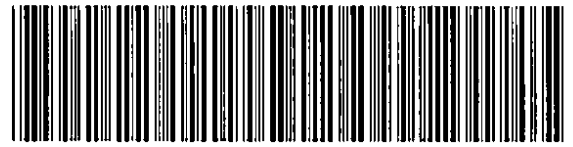
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED

2019 MAR 25 AM 7:55

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

19 MAR 26 PM 1:44

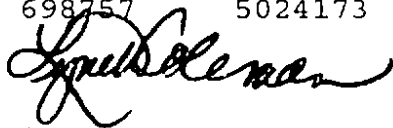
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

JS
327-19

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

ACCOUNT NO. : I20000000195

REFERENCE : 698757 5024173

AUTHORIZATION : 

COST LIMIT : \$ 55.00

ORDER DATE : March 26, 2019

ORDER TIME : 12:56 PM

ORDER NO. : 698757-025

CUSTOMER NO: 5024173

FOREIGN FILINGS

NAME: SUPERIOR BANKCARD SERVICES LLC

____ CORPORATE
____ LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF STATUS

CONTACT PERSON: Roxanne Turner - EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Superior Bankcard Service 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:

Riddhi Shah

(Name of Person)

Intuit Inc.

(Firm/Company)

2700 Coast Ave

(Address)

Mountain View, CA 94043

(City/State and Zip Code)

For further information concerning this matter, please call:

Riddhi Shah

(Name of Person)

650

at (_____) _____

(Area Code & Daytime Telephone Number)

944 4321

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

Superior Bankcard Service LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

10/24/2005

(Date registered with Florida Department of State)

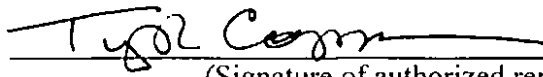
M05000005939

(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)

Tyler Cozzens

(Typed or printed name of signee)

2019 MAR 26 AM 7:50
RECEIVED
TALLAHASSEE, FLORIDA

FILED

Filing Fee: \$25.00

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