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S. PRATHER

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

ACCOUNT NO. : I2000000195 REFERENCE : 428255 7552118 AUTHORIZATION COST LIMIT ORDER DATE: October 8, 2018 ORDER TIME : 10:57 AM ORDER NO. : 428255-010 CUSTOMER NO: 7552118 FOREIGN FILINGS NAME: BOWMAN SYSTEMS, L.L.C. CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF STATUS

EXAMINER:

CONTACT PERSON: Roxanne Turner - EXT#

COVER LETTER

	gistration vision of (Section Corporations			
eun lect.	Howman Systems L.L.C.				
SUBJECT:		(Name of Foreign Limited Liability Company)			
Dear Sir or	Madam:				
The enclose	d withdra	wal and fee(s) are submitted	for filing.		
Please retur	n all corre	espondence concerning this	matter to the following	:	
Carolyn Ba	rrett				
		(Name of Person)		•	
WellSky C	orporation	ח			
	.,	(Firm/Company)	, 	•	
750 Warren	nville Ros	ad, Suite 301		_	
		(Address)			
Lisle, IL 6	0532				
	••	(City/State and Zip Cod	с)	-	
For further	informati	on concerning this matter, p	lease call:		
Carolyn Ba	arrell		630 at (218-2707	
	(Na	ame of Person)	(Area Code &	k 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 i	s a check	for the following amount:			
□ \$25 Fili	ng 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

Bowman Systems	s L.L.C.	
	(Name of limited liability company)	2018 OCT 26 SEGRETIVE TALLAHA
Louisiana		SE SE
	(Jurisdiction of its organization)	- 26
03/10/2006		S S S
	(Date registered with Florida Department of State)	E & &
M06000001485		:: 29 FL
	(Florida Document Number)	
(If an effective more than 90 d Note: If the da	, if other than the date of filing: date is listed, the date must be specific and cannot be prior to datays after filing.) te inserted in this block does not meet the applicable statutory files to be listed as the document's effective date on the Department of	ing requirements,
	(Signature of authorized representative)	
	Robert C. Weber	
	(Typed or printed name of signee)	

Filing Fee: \$25.00