M10000069906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

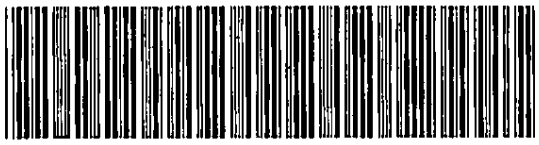
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
2018 APR 11 AM 11:43

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 1, 2018

MICHAEL MADISON
18484 PRESTON RD STE 102-409
DALLAS, TX 75252

SUBJECT: INTELLIQUIP, LLC
Ref. Number: M07000006906

We have received your document for INTELLIQUIP, LLC and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN CORP, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 218A00008906

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2018 JUN 11 PM 12:38
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CK # 2254

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Intelliquip, 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:

Michael Madison
(Name of Person)

Intelliquip
(Firm/Company)

18484 Preston Rd Ste 102-409
(Address)

Dallas, Texas 75252
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Madison at (972) 244-4300
(Name of Person) (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

* Please use $25 from the $35 on account.

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Intelliquip, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

11/26/2007

(Date registered with Florida Department of State)

M07000006906

(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: 3/15/2018 (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)

Dave Brockway

(Typed or printed name of signee)

Filing Fee: $25.00