## M08000002380

|                      | (Requestor's Name)       |      |  |  |  |
|----------------------|--------------------------|------|--|--|--|
|                      | (Address)                |      |  |  |  |
|                      | (Address)                |      |  |  |  |
|                      | (City/State/Zip/Phone #) |      |  |  |  |
| PICK-U               | P WAIT                   | MAIL |  |  |  |
|                      | (Business Entity Name)   |      |  |  |  |
| (Document Number)    |                          |      |  |  |  |
| Certified Copies     | Certificates of Status   |      |  |  |  |
| Special Instructions | s to Filing Officer:     |      |  |  |  |
|                      |                          |      |  |  |  |
|                      |                          |      |  |  |  |
|                      |                          |      |  |  |  |
|                      | <del></del>              |      |  |  |  |

Office Use Only



600357192896

Value 1013

2021 JAN -5 AM 8: 52

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

| ACCOUNT | NO. | : | 120000000195 |
|---------|-----|---|--------------|
|         |     |   |              |

REFERENCE : 595445 4328109

AUTHORIZATION :

\$ 25.00 COST LIMIT :

ORDER DATE : January 4, 2021

ORDER TIME : 11:34 AM

ORDER NO. : 595445-005

CUSTOMER NO: 4328109

## FOREIGN FILINGS

NAME: A100 SE 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: Amanda Robinson - EXT#

EXAMINER: \_\_\_\_

## **COVER LETTER**

|                      | on Section<br>of Corporations                |                                      |  |
|----------------------|--|--------------------------------------|--|
| A10<br>SUBJECT:      | 0 SE LLC                                     |                                      |  |
| SUBJECT:             | (Name of Fo                                  | reign Limited Liability              | (Company)  |
| Dear Sir or Madan    | n:   |                                      |  |
| The enclosed with    | drawal and fee(s) are submitte               | ed for filing.                       |  |
| Please return all co | orrespondence concerning this                | s matter to the followin             | g:   |
| Mary Long            |  |                                      |  |
|                      | (Name of Person)                             |                                      | _  |
| Amazon.com, In       | c.   |                                      |  |
|                      | (Firm/Company)                               |                                      | _  |
| 410 Terry Avenu      | ie North                                     |                                      |  |
|                      | (Address)                                    |                                      | _  |
| Seattle, WA 981      |  |                                      | _  |
|                      | (City/State and Zip Coc                      | ie)                                  |  |
| For further informa  | ation concerning this matter, p              | olease call:                         |  |
| Mary Long            |  | 206<br>at (                          | 740-8318<br>)  |
| (                    | Name of Person)                              | (Area Code &                         | & Daytime Telephone Number)  |
| Divisior<br>P.O. Bo  | tion Section<br>of Corporations              |                                      | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 816 Tallahassee, FL 32303 |
| Enclosed is a chec   | k for the following amount:                  |                                      |  |
| □\$25 Filing Fee     | ☐ \$30 Filing Fee &<br>Certificate of Status | □\$55 Filing Fee &<br>Certified Copy | ☐ \$60 Filing Fee. Certificate of Status & Certified Copy  |

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| A100 SE LLC  |             |
|--|-------------|
| (Name of limited liability company)  |             |
| Delaware   |             |
| (Jurisdiction of its organization)   |             |
| 05/21/2008   |             |
| (Date registered with Florida Department of State)   |             |
| M08000002380   |             |
| (Florida Document Number)  |             |
| Effective Date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of more than 90 days after filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing reg this date will not be listed as the document's effective date on the Department of State | quirements, |
| Bob kimball  | M 8:52      |
| Bob Kimball (Typed or printed name of signee)  |             |

Filing Fee: \$25.00