

M08000003829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

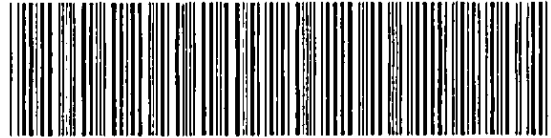
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300350685733

2019 JUN 20 PM 2:31
D

2019 JUN 20 PM 12:48

GOLDEN

AUG 21 2020

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

ACCOUNT NO. : I20000000195

REFERENCE : 396330 4383894

AUTHORIZATION : *[Signature]*

COST-LIMIT : \$ 30.00

ORDER DATE : August 19, 2020

ORDER TIME : 12:16 PM

ORDER NO. : 396330-005

CUSTOMER NO: 4383894

FOREIGN FILINGS

NAME: AUDITZ L.L.C.

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☒ CERTIFICATE OF STATUS

CONTACT PERSON: Amanda Robinson, ext 62968

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Auditz L.L.C.
(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:

Irma Velazquez

(Name of Person)

Trans Union LLC

(Firm/Company)

555 W. Adams Street

(Address)

Chicago, IL 606034

(City/State and Zip Code)

For further information concerning this matter, please call:

Irma Velazquez

(Name of Person)

312

at ()

985-4879

(Area Code & Daytime Telephone Number)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

7/17/20 PM 12:49

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Audit L.L.C.

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

August 19, 2008

(Date registered with Florida Department of State)

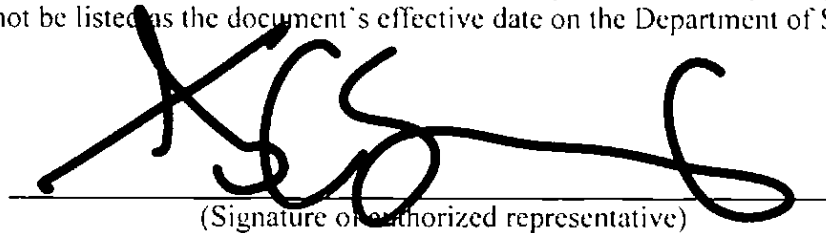
M08000003829

(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)

Thomas Sammis

(Typed or printed name of signee)

Filing Fee: \$25.00