M08000004467

(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



600369957896



6ORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

	ACCOUNT NO.	:	12000000	0195
	REFERENCE	:	844167	7877974
	AUTHORIZATION	:	Louis	Pomp.
	COST LIMIT	:	\$ 85.00	
ORDER DATE :	June 3, 2021			
ORDER TIME :	2:53 PM			
ORDER NO. :	844167-050			
CUSTOMER NO:	7877974			

FOREIGN FILINGS

NAME: BRANCHSERV SYSTEMS INTEGRATION

XX CORPORATE
LIMITED PARTNERSHIP
LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CONTACT PERSON: Alexxis Weiland - EXT#

CERTIFIED COPY
XX PLAIN STAMPED COPY

_____ CERTIFICATE OF STATUS

LLC

EXAMINER:

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

This limited liabili Effective Date, if of (If an effective date more than 90 days Note: If the date in this date will not be	ty company i ther than the e is listed, the after filing.)	registered with (Florida D is withdrawing date of filing e date must be	ocument Nur	ntment of State) nber) ute of authority	in this sta		
M08000004467 This limited liabili Effective Date, if of (If an effective date once than 90 days) Note: If the date in	ty company i ther than the e is listed, the after filing.)	registered with (Florida D is withdrawing date of filing e date must be	Florida Depa Pocument Nur g its certifica	ntment of State) nber) ute of authority	in this sta		
M08000004467 This limited liabili Effective Date, if of the date	ty company i ther than the e is listed, the after filing.)	registered with (Florida D is withdrawing date of filing e date must be	Florida Depa Pocument Nur g its certifica	ntment of State) nber) ute of authority	in this sta		
M08000004467 This limited liabili Effective Date, if of the date of the control	ty company i ther than the e is listed, the after filing.)	(Florida D is withdrawing e date of filing e date must be	ocument Nur	nber) ute of authority	in this sta		
This limited liabili Effective Date, if o (If an effective date more than 90 days Note: If the date in	ty company i ther than the e is listed, the after filing.)	(Florida D is withdrawing e date of filing e date must be	ocument Nur	nber) ute of authority	in this sta		_
This limited liabili Effective Date, if o (If an effective date more than 90 days Note: If the date in	ther than the is listed, the after filing.)	is withdrawing date of filing e date must be	g its certifice	ite of authority			
Effective Date, if of (If an effective date) more than 90 days Note: If the date in	ther than the is listed, the after filing.)	is withdrawing date of filing e date must be	g its certifice	ite of authority			
Effective Date, if of (If an effective date) more than 90 days Note: If the date in	ther than the is listed, the after filing.)	e date of filing e date must be		-			
(If an effective date more than 90 days Note: If the date ir	e is listed, the after filing.)	e date must be	: e specific and	i cannot be pri	ior to date	_ (optional) of filing or	
ins date with hor b		s block does n		applicable stat	utory filing	g requireme	
	()	Thomas !. Signature of a	Buo-	epresentative)		SECRETARY SECRETARY	
The	mas P. Brenn		orinted name	afaiana)	, ,	ARY OF S	

Filing Fee: \$25.00