

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

**LLC DISSOLUTION OR WITHDRAWAL
FICTIONWISE LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

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2020 JAN 30 AM 8:27
HALL COUNTY CLERK
JAN 30 2020

Electronic Filing Menu

Corporate Filing Menu

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V. SULKER

JAN 31 2020

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fictionwise 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:

Allison Liberto

(Name of Person)

Barnes & Noble, Inc.

(Firm/Company)

122 Fifth Avenue

(Address)

New York, New York 10011

(City/State and Zip Code)

For further information concerning this matter, please call:

Allison Liberto

(Name of Person)

212

352-3783

at (_____) _____

(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:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Fictionwise LLC
(Name of limited liability company)

Delaware
(Jurisdiction of its organization)

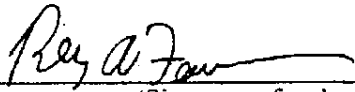
March 19, 2009
(Date registered with Florida Department of State)

M09000001087
(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)

Bradley A. Feuer, Vice President, General Counsel

(Typed or printed name of signee)

Filing Fee: \$25.00

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