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D. BRUCE MAY 15 2017

COVER LETTER

TO: Registration Division of	n Section Corporations				
SUBJECT:	33 INTEGRAS (Name of Fo	ion uc			
	(Name of Fo	reign Limited Liability (Company)		
Dear Sir or Madam:					
The enclosed withdr	awal and fee(s) are submitte	d for filing.			
Please return all corr	respondence concerning this	matter to the following	:		
JOHA	(Name of Person)		_		
	(Name of Person)				
0.5)			
7.3	IN TEGRATION (Firm/Company)	Ille	-		
	(Firm/Company)				
		_	1		
15 30 CA	(Address)	LIVE SUITE	N		
	(Address)				
Bartimor	City/State and Zin Coo	77			
	(City/State and Zip Coo	le)		.	
				SEC SEC	
For further informati	on concerning this matter, p	lease call:		AH MAN	T
JOHN 1	NELLING	at (410	536-1999	112 1385 1385	
(N:	ame of Person)	(Area Code &	Daytime Telephone Num	beight T	W
				108 108 108 108 108 108 108 108 108 108	O
STREET/C	COURIER ADDRESS:	MAIL Regist	ING ADDRESS:		
Division of	Corporations	lease call: at (410) 536-1999 SET V (Area Code & Daytime Telephone Number) OF STATE V MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Clifton Buil	lding	P.O. Box 6327			
2661 Execu Tallahassee	itive Center Circle , Florida 32301	Tallah	assee, 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 State Certified Copy	us &	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

S3 INTEGRATION LLC		
(Name of limited liability company)		
(Jurisdiction of its organization)		
· · · · · · · · · · · · · · · · · · ·		
(Date registered with Florida Department of State)		
(Date registered with Florida Department of State)		
M0900003494		
(Florida Document Number)		
This limited liability company is withdrawing its certificate of authority is	n this state.	
Ada cuzell		
(Signature of authorized representative) To HN CWEWWG		
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	2017 MAY SEURETAI ALLIAHAS	.=
(Typed or printed name of signee)	全 密 秦	77
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Filing Fee: \$25.00