

M100000004204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

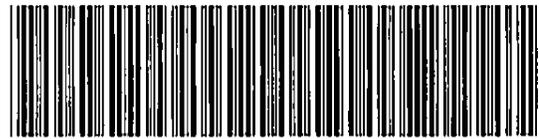
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2011 APR 30 AM 10:01

STATE OF TEXAS
COMPTROLLER OF PUBLIC ACCOUNTS
RECORDS MANAGEMENT DIVISION

2011 APR 30 PM 1:43

APR 01 2011
J. HARRIS

file second

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

ACCOUNT NO. : I20000000195

REFERENCE : 186579 8157286

AUTHORIZATION :

COST LIMIT : \$25.00



ORDER DATE : April 30, 2018

ORDER TIME : 12:15 PM

ORDER NO. : 186579-010

CUSTOMER NO: 8157286

FORCED FICTITIOUS NAME WITHDRAWAL

TRUE NAME: ONEPATH SYSTEMS, LLC
FICTITIOUS NAME: ONEPATH SYSTEMS OF GA, LLC

Please file the attached resolution to withdrawal the fictitious name shown above and return the document(s) indicated below:

____ Certified Copy
XX Plain Stamped Copy
____ Certificate of Status

CONTACT PERSON: Emily Croft - Ext. 62925

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____
(Name of Limited Liability Company)

DOCUMENT NUMBER: _____

The enclosed *Resolution of the members, managers, or other authorized persons to Withdraw the Alternate name for use in Florida* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Contact Person)

(Firm/Company)

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for the following amount:

- | | | | |
|---------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
|---------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|

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

Street Address:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**RESOLUTION TO WITHDRAW
ALTERNATE NAME IN THE STATE OF
FLORIDA PURSUANT TO
605.0906 (1), FLORIDA STATUTES**

I, the undersigned, do hereby certify that I am the Authorized Person of
ONEPATH SYSTEMS, LLC, a limited liability
(Name of Limited Liability Company)

company duly organized and existing under the laws of Georgia
(State or Country of Organization)

Because the name of this foreign limited liability company now satisfies the requirements of s. 605.0112,
Florida Statutes, the limited liability company hereby renounces the following
alternate name in the state of Florida:

ONEPATH SYSTEMS OF GA,LLC
(Alternate Name Renounced in State of Florida)



Signature of Authorized Person

04/26/2018

Date

**Make check payable to Florida Department of State and mail to:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

FILED
2018 APR 30 AM 09:01
REGISTRATION SECTION
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA