

M100000004204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

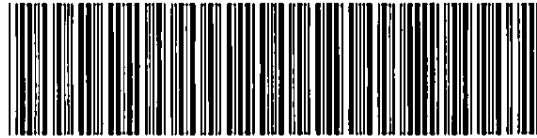
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*file second*

Office Use Only



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FILED

2011 APR 30 AM 10:01

U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D.C. 20535

2011 APR 30 PM 11:43

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 :

*Spurlockman*

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:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(Additional copy is enclosed)

☐ \$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)

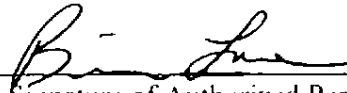
company duly organized and existing under the laws of Georgia

(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**

CR2E128 (2/14)

**FILED**  
**2018 APR 30 AM 09:01**  
CLERK OF THE COURT  
TALLAHASSEE, FLORIDA