M1000000459

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Basiness Entry Name) |
| (Decument Number) |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
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| |

Office Use Only



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2023 JAN 30 AM 9: 00

2023 JAN 30 PM 3: 44

ALLAHÁSSEE, FLOR

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

\$

| ACCOUNT | NO. | : | 120000000195 |
|---------|-----|---|--------------|
| | | | |

REFERENCE : 306057 4800163

AUTHORIZATION

COST LIMIT : \$(25..00

ORDER DATE : January 4, 2023

ORDER TIME : 12:49 PM

ORDER NO. : 306057-070

CUSTOMER NO: 4800163

FOREIGN FILINGS

NAME: HYLAND LLC

CORPORATE
LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY

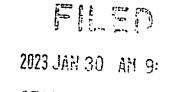
XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland - EXT#

EXAMINER:



SECRETARY OF STANDARD NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| Hyland LLC | | |
|--|--|-------------|
| | (Name of limited liability company) | |
| Delaware | | |
| <u> </u> | (Jurisdiction of its organization) | |
| 10/18/2010 | | |
| | (Date registered with Florida Department of State) | |
| M10000004598 | 3 | |
| <u> </u> | (Florida Document Number) | |
| (If an effective more than 90 da Note: If the dat | date is listed, the date of filing: | quirements. |
| | DocuSigned by: | |
| | Nancy Person | |
| - | (Signature of authorized representative) | |
| i | Nancy Person | |
| - | (Typed or printed name of signee) | |

Filing Fee: \$25.00