# M1100000 2319

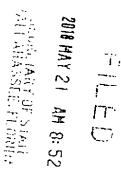
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## CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

#### **WALK IN**

ERTIFIED COPY  OTOCOPY  IS  LING  Thernat  ATE NAME AND DOCUMEN	
IS LING To Internat LATE NAME AND DOCUMEN	Withdrawal/Certificate of Authorit tional, LLC ENT#)
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#### **COVER LETTER**

	on Section of Corporations			
Rike SUBJECT:	o International, LLC			
30B3EC1	(Name of Fo	oreign Limited Liability	v Company)	
Dear Sir or Madan	1:			
The enclosed with	drawal and fee(s) are submitt	ed for filing.		
Please return all co	orrespondence concerning thi	s matter to the following	ā.	
Jeri McDonnell				
	(Name of Person)	<del></del>	_	
DJO, LLC				
<del></del>	(Firm/Company)		_	
1430 Decision Str	eet			
	(Address)		_	
Vista, CA 92081				
	(City/State and Zip Co	de)	_	
For further informa	ition concerning this matter. I	olease call:		
Jeri McDonnell		760 at (	734-3184	
(	Name of Person)	(Area Code o	\$ Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Regi: Divis P.O. Talla	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a chec  ☐ \$25 Filing Fee	k for the following amount:  S30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy	

### NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Rikco International, LLC	2016
(Name of limited liability company)	
Delaware	HAY 21
(Jurisdiction of its organization)	To a n
May 6, 2011	
(Date registered with Florida Department of State)	2 J
M11000002319	P. 2
(Florida Document Number)	
(If an effective date is listed, the date must be specific and cannot be prior to d more than 90 days after filing.) <b>Note:</b> If the date inserted in this block does not meet the applicable statutory fi this date will not be listed as the document's effective date on the Department	ling requirements,
(Signature of authorized representative)	
( N L(TOOT)) TO A SUIT DATE TO A HOME SO SEE A SECTION S	<del></del>
(Signature of authorized representative)  Joseph G. Martinez	<del>-</del>

Filing Fee: \$25.00