## M1000002548

| (Re                                     | equestor's Name)   |           |  |  |
|---|--------------------|-----------|--|--|
| (Ac                                     | idress)            |           |  |  |
| (Ac                                     | ldress)            |           |  |  |
| (Cit                                    | ty/State/Zip/Phone | e #)      |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL      |  |  |
| (Bu                                     | siness Entity Nan  | ne)       |  |  |
| (Document Number)                       |                    |           |  |  |
| Certified Copies                        | _ Certificates     | of Status |  |  |
| Special Instructions to Filing Officer: |                    |           |  |  |
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FALLAHASSEE, File

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

CONTACT PERSON: Eyliena Baker - EXT#

Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE 825757 7454 AUTHORIZATION / COST LIMIT : \$ 25.00 ORDER DATE: May 21, 2021 ORDER TIME : 10:24 AM ORDER NO. : 825757-025 CUSTOMER NO: 7454854 FOREIGN FILINGS NAME: PNG MARKETING, LLC \_\_ CORPORATE LIMITED PARTNERSHIP XXX LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY \_\_\_\_ CERTIFICATE OF STATUS

EXAMINER:

## **COVER LETTER**

|                         | on Section<br>of Corporations                |                                   |  |
|-------------------------|--|-----------------------------------|--|
| PNG<br>SUBJECT:         | MARKETING, LLC                               |                                   |  |
| 50000011                | (Name of Fo                                  | reign Limited Liabitit            | y Company)   |
| Dear Sir or Madam       | :  |                                   |  |
| The enclosed without    | frawal and fee(s) are submitte               | ed for filing.                    |  |
| Please return all co    | rrespondence concerning this                 | s matter to the following         | ng:  |
| Karin Dunn              |  |                                   |  |
|                         | (Name of Person)                             |                                   |  |
| csc                     |  |                                   |  |
|                         | (Firm/Company)                               |                                   |  |
| 251 Little Falls Di     | r  |                                   |  |
|                         | (Address)                                    |                                   | _  |
| Wilmington, Dela        | ware 19808-1674                              |                                   |  |
|                         | (City/State and Zip Coo                      | le)                               | _  |
| For further information | tion concerning this matter, p               | olease call;                      |  |
| Karin Dunn              |  | 800<br>at (                       | 927-9801 x63165  |
| 7)                      | Name of Person)                              | (Area Code                        |  |
| Division<br>P.O. Box    | ion Section of Corporations                  |                                   | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| Enclosed is a check     | for the following amount:                    |                                   |  |
| □\$25 Filing Fee        | ☐ \$30 Filing Fce &<br>Certificate of Status | □\$55 Filing Fee & Certified Copy | ☐ \$60 Filing Fee, Certificate of Status & Certified Conv  |

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| PNG MARKE  | TING, LLC  |                          |             |                  |
|--|--|--------------------------|-------------|------------------|
|  | (Name of limited liability company)  |                          |             |                  |
| DELAWARE   |  |                          |             |                  |
| ·  | (Jurisdiction of its organization)   |                          |             |                  |
| 05/19/2011   |  |                          |             |                  |
|  | (Date registered with Florida Department of State)   |                          |             |                  |
| M1100000254  | 8  |                          |             |                  |
|  | (Florida Document Number)  |                          |             |                  |
| Effective Date<br>(If an effectiv<br>more than 90<br><b>Note:</b> If the d | iability company is withdrawing its certificate of authority in this state, if other than the date of filing:  e date is listed, the date must be specific and cannot be prior to date of days after filing.)  ate inserted in this block does not meet the applicable statutory filing not be listed as the document's effective date on the Department of Signature. | (optional<br>of filing o | r<br>nents. |                  |
|  | (Signature of authorized representative)   | ·                        | ر<br>ا<br>ا |                  |
|  | Christopher T. Griffith  (Typed or printed name of signee)   | NSES, FI                 | , AM 10: 01 | ا<br>احسر<br>است |

Filing Fee: \$25.00