

TO: DIVISION OF CORPORATIONS

FAX #: (850) 922-4003

FROM: C T CORPORATION SYSTEM

ACCT#: FCA000000023

CONTACT: KIM LAUGHREY PHONE: (614) 280-3338

FAX #: (954) 208-0845

NAME: GS EXCHANGE, LLC

AUDIT NUMBER......H16000312948

DOC TYPE..... LIMITED LIABILITY DISSOLUTION CERT. OF STATUS...O PAGES..... CERT. COPIES.....0 DEL. METHOD. FAX

EST.CHARGE.. \$25.00

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

Replacement app. of Withdrawal.
Original not archived.

Sex 3/21/17

FILED Dec 22, 2016 08:00 AM **Secretary of State**

COVER LETTER

TO: Registration Division of	Section Corporations			
SUBJECT: GS Ex	change, LLC	eign Limited Liability	Company)	1
	(2,000,000,000,000	ergit Dimited Discours	Company)	
Dear Sir or Madam:				
The enclosed withdra	awal and fee(s) are submitted	d for filing.		
Please return all corr	espondence concerning this	matter to the following	g;	
Jane Lindstrom				
	(Name of Person)	<u> </u>		í
GS Exchange, LLC				
· · · · · · · · · · · · · · · · · · ·	(Firm/Company)		- - <u> </u>	n. +
18 Broad Street, ST	E 300			
	(Address)		ा. ४,६५	:
Charleston, SC 294	01			
· · · · · · · · · · · · · · · · · · ·	(City/State and Zip Cod	e)	_	₩ (1 ×)
For further informat	ion concerning this matter, p	lease call:		
Jane Lindstrom		843 at (576-5752	
(N	ame of Person)	(Area Code	& Daytime Telephone Number)	, . E
Registration Division of Clifton Bui 2661 Exect	Corporations	Regi Divis P.O.	TLING ADDRESS: stration Section sion of Corporations Box 6327 shassee, Florida 32314	
Enclosed is a check	for the following amount:			
25 Filing Fee	S30 Filing Fee &	☐ \$55 Filing Fee &		

Certified Copy

FILED Dec 22, 2016 08:00 AM Secretary of State

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

GS Exchange, LLC	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
05/26/2011	
(Date registered with Florida Department of State)	
M11000002725	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this state.	
(Signature of authorized representative)	
J. DEREK BAHSEU	
(Typed or printed name of signce)	;

Filing Fee: \$25.00