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(Red	questor's Name)	
(Add	dress)	<u> </u>
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		MAIL
(Bu	siness Entity Nan	ne)
(Dor	cument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to f	Filing Officer:	
	Office Use On	J





CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

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ACCOUNT NO. : I2000000195

REFERENCE

0334631 : 4392002 e man AUTHORIZATION

COST LIMIT : \$ 25.00

- ------_____
- ORDER DATE : January 19, 2018
- ORDER TIME : 9:42 AM
- ORDER NO. : 033463-010
- CUSTOMER NO: 4392002

FOREIGN FILINGS

NAME: AOL FULFILLMENT SERVICES LLC

__ CORPORATE

- LIMITED PARTNERSHIP
- LIMITED LIABILITY COMPANY XX

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX ____ PLAIN STAMPED COPY CERTIFICATE OF STATUS

CONTACT PERSON: Roxanne Turner - EXT#

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations

AOL Fulfillment Services LLC
SUBJECT:

(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

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The enclosed withdrawal and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Donna Mullin

(Name of Person)

Oath Inc.

(Finn/Company)

22000 AOL Way

(Address)

Dulles, VA 20166

(City/State and Zip Code)

For further information concerning this matter, please call:

Donna Mullin		703 at (265-3960
(N	ane of Person)		Daytime Telephone Number)
Registration Division of Clifton Bui 2661 Exect	Corporations	Regist Divisi P.O. F	LING ADDRESS: ration Section on of Corporations Box 6327 hassee, Florida 32314
Enclosed is a check	for the following amount:		
🖬 \$25 Filing Fee	\$30 Filing Fee & Certificate of Status	Certified Copy	S60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

	(Name of limited liability company)	
Delaware		
<u> </u>	(Jurisdiction of its organization)	
7/28/2011		
	(Date registered with Florida Department of State)	
M11000003808		
M11000003808	(Florida Document Number)	

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: ________(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(Signature of authorized representative)

Michael Howson

. .

(Typed or printed name of signce)

6:53

Filing Fee: \$25.00