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(Re	questor's Name)			
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PICK-UP	WAIT	MAIL		
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RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 764054 4711952
AUTHORIZATION :- FINE COLONIA
COST LIMIT : US 25.00
ORDER DATE: May 23, 2023
ORDER TIME : 8:56 AM
ORDER NO. : 764054-025
CUSTOMER NO: 4711952
FOREIGN FILINGS
NAME: WINSHUTTLE, 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:

CONTACT PERSON: Eyliena Baker - EXT#

## **COVER LETTER**

	stration Section ion of Corporations		
SUBJECT: _	Winshuttle, LLC		
SUBJECT	(Name of Fo	oreign Limited Liability	y Company)
Dear Sir or Ma	adam:		
The enclosed v	withdrawal and fee(s) are submitt	ed for filing.	
Please return a	ll correspondence concerning thi	s matter to the following	ng:
	(Name of Person)		_
	(Firm/Company)		
	(Address)		_
	(City/State and Zip Co	de)	_
For further info	ormation concerning this matter,	please call:	
	(Name of Person)	at (at (Area Code a	
Regis Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 hassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a c	heck for the following amount	:	
□\$25 Filing F	cee San 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

Winshuttle, LL	-C	
	(Name of limited liability company)	
Delaware		
	(Jurisdiction of its organization)	<del></del>
01/05/2012	· ·	
	(Date registered with Florida Department of State)	
M120000001	18	
	(Florida Document Number)	
This limited l	liability company is withdrawing its certificate of authority in this	state.
(If an effective more than 90 Note: If the d	te, if other than the date of filing:  we date is listed, the date must be specific and cannot be prior to days after filing.)  date inserted in this block does not meet the applicable statutory file not be listed as the document's effective date on the Department of	ing requirements,
		_
	(Signature of anthorized representative)	<del>=</del>
	Joseph D. Rogers	
	(Typed or printed name of signee)	21 PHI2: 33

Filing Fee: \$25.00