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IM PORESTA

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195				
REFERENCE : 022285 4328109				
AUTHORIZATION: Synello Reman				
COST LIMIT : \$ 25.00				
ORDER DATE : January 16, 2018				
ORDER TIME : 9:27 AM				
ORDER NO. : 022285-010				
CUSTOMER NO: 4328109				
FOREIGN FILINGS				
NAME: AMAZONLOCAL 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: Roxanne Turner - EXT#

## **COVER LETTER**

TO:

Registration Section

Division of Corporations AmazonLocal LLC SUBJECT: (Name of Foreign Limited Liability Company) Dear Sir or Madam: The enclosed withdrawal and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Person) (Firm/Company) (Address) (City/State and Zip Code) For further information concerning this matter, please call: (Area Code & Daytime Telephone Number) (Name of Person) STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: □ \$25 Filing Fee ☐ \$30 Filing Fee & □ \$55 Filing Fee & □ \$60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

AmazonLocal LLC	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
03/15/2012	
(Date registered with Florida Department of State)	
M12000001492	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this s	state.
(If an effective date is listed, the date must be specific and cannot be prior to damore than 90 days after filing.)  Note: If the date inserted in this block does not meet the applicable statutory filthis date will not be listed as the document's effective date on the Department of	ing requirements
(Signature of authorized representative)  Kurl H-Zumwalt  (Typed or printed name of signee)	

Filing Fee: \$25.00