

# M120000002182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

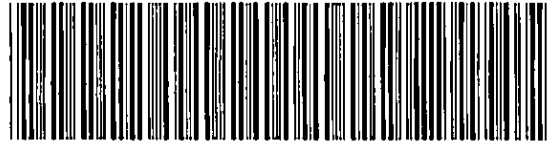
(Document Number)

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FILED

2022 OCT 18 AM 9:15

SECURITY CLERK  
TALLAHASSEE, FL

2022 OCT 18 AM 11:21

CLERK

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

ACCOUNT NO. : I20000000195

REFERENCE : 058745 7940170

AUTHORIZATION :

COST LIMIT : \$160.00

ORDER DATE : October 17, 2022

ORDER TIME : 9:10 AM

ORDER NO. : 058745-010

CUSTOMER NO: 7940170

FOREIGN FILINGS

NAME: NEXXUS SOLUTIONS GROUP, LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☒ CERTIFIED COPY  
☐ PLAIN STAMPED COPY  
☒ CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland - EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Nexxus Solutions Group, LLC  
\_\_\_\_\_  
(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:

Craig J. Capon

\_\_\_\_\_  
(Name of Person)

Nexxus Solutions Group, LLC

\_\_\_\_\_  
(Firm/Company)

360 E. 10th Ave., Suite 300

\_\_\_\_\_  
(Address)

Eugene, OR 97401

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Craig J. Capon

\_\_\_\_\_  
(Name of Person)

541 334-3205  
at (\_\_\_\_\_) \_\_\_\_\_  
(Area Code & Daytime Telephone Number)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, 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 check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input checked="" type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|---|--|---|

**FILED**

**2022 OCT 18 AM 9:15**

**SECRETARY OF STATE  
TALLAHASSEE, FL**

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

Nexus Solutions Group, LLC

\_\_\_\_\_  
(Name of limited liability company)

Delaware

\_\_\_\_\_  
(Jurisdiction of its organization)

April 18, 2012

\_\_\_\_\_  
(Date registered with Florida Department of State)

M12000002182

\_\_\_\_\_  
(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.

*Craig Capon*

\_\_\_\_\_  
(Signature of authorized representative)

Craig J. Capon, Senior Corporate Counsel, Nexus Solutions Group, LLC

\_\_\_\_\_  
(Typed or printed name of signee)

**Filing Fee: \$25.00**