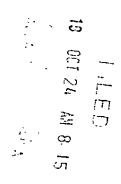
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 457791 AUTHORIZATION COST LIMIT : ORDER DATE: October 24, 2018 ORDER TIME : 1:0 PM ORDER NO. : 457791-010 CUSTOMER NO: 4328951 FOREIGN FILINGS NAME: RMVDDS, LLC \_ CORPORATE LIMITED PARTNERSHIP 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#

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

RMVDDS, LLC	-	
	(Name of limited liability company)	· 83
Delaware		7.21
	(Jurisdiction of its organization)	
6/15/12		<u> </u>
	(Date registered with Florida Department of State)	
M12000002797		»• O•
	(Florida Document Number)	••
Effective Date (If an effective more than 90 Note: If the d	iability company is withdrawing its certificate of authority in this set, if other than the date of filing:  11/17/17  The date is listed, the date must be specific and cannot be prior to dat days after filing.)  That is a specific and cannot be prior to dat days after filing.)  That is a specific and cannot be prior to dat days after filing.)  That is a specific and cannot be prior to dat days after filing.)	(optional) e of filing or ng requirements.
	(Signature of authorized representative)	_
	David Connolly, EVP, General Counsel and Secretary  (Typed or printed name of signee)	_

Filing Fee: \$25.00