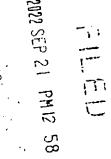
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
	Office Use Only



200394655862

Withdrawal

A. RAMSEY SEP 2 2 2022



CORPORATION SERVICE COMPANY

1201 Hays Street

Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 963888 7827799

7

AUTHORIZATION :

COST LIMIT : \$ 60.00

ORDER DATE : September 20, 2022

ORDER TIME : 9:11 AM

ORDER NO. : 963888-015

CUSTOMER NO: 7827799

FOREIGN FILINGS

NAME: BOWHEAD INFORMATION TECHNOLOGY

SERVICE, LLC

CORPORATE
LIMITED PARTNERSHIP
XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
XX CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland - EXT#

EXAMINER:

COVER LETTER

TO: Registration Division o	n Section f Corporations		
Bowt	nead Information Technolo	ogy Service, LLC*	
SUBJECT:	(Name of Fo	reign Limited Liability	/ Company)
Dear Sir or Madam	:		
The enclosed withd	rawal and fee(s) are submitte	ed for filing.	
Please return all cor	respondence concerning this	matter to the following	g:
Carla Carter			
	(Name of Person)		····
Bowhead Informa	tion Technology Service,	LLC*	
	(Firm/Company)		-
6564 Loisdale Co	urt, Suite 900		
	(Address)		_
Springfield, VA 22	2150		
	(City/State and Zip Cod	c)	_
For further informat	ion concerning this matter, p	olease call:	
Carla Carter		703 at (578-6212
n n	ame of Person)		& Daytime Telephone Number)
Division P.O. Box	ion Section of Corporations		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:		
□\$25 Filing Fee	S30 Filing Fee & Certificate of Status	☐\$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy

2022 SEP 21 PM 12 58

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Bowhead Informa	ation Technology Service, LLC	
	(Name of limited liability company)	
Alaska		
	(Jurisdiction of its organization)	
07/12/2012		
·	(Date registered with Florida Department of State)	
M12000003922		
••	(Florida Document Number)	
(If an effective d more than 90 day Note: If the date	late is listed, the date must be specific and cannot be prior to date of fil	uirements.
	(Signature of authorized representative) Michael D. Hundley (Typed or printed name of signee)	
	(Typed or printed name of signee)	

Filing Fee: \$25.00