M13000000127

| (Requestor's Name) | | | | |
|---|---------------------|-----------|--|--|
| (Address) | | | | |
| (A | ddress) | | | |
| (C | ity/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE

110V 2 6 2014 T. HAMPTON



| ON SERVICE COMPANY. | | | | |
|--|--|--|--|--|
| ACCOUNT NO. : 12000000195 | | | | |
| REFERENCE : 392945 8011142 | | | | |
| AUTHORIZATION : | | | | |
| COST LIMIT : \$ 25.00 | | | | |
| ORDER DATE: November 25, 2014 | | | | |
| ORDER TIME : 3:55 PM | | | | |
| ORDER NO. : 392945-005 | | | | |
| CUSTOMER NO: 8011142 | | | | |
| FOREIGN FILINGS NAME: WEBSTRINGERS 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 | | | | |
| CONTACT PERSON: Courtney Williams - EXT# 62935 | | | | |

EXAMINER:

COVER LETTER

| TO: Registration Division of | n Section Corporations | | |
|---|--|---|--|
| Webs | stringers LLC | | |
| SUBSECT. | (Name of Fo | reign Limited Liability (| Company) |
| Dear Sir or Madam: | | | |
| The enclosed withdr | awal and fee(s) are submitte | ed for filing. | |
| Please return all com | espondence concerning this | matter to the following | : |
| Daniel Gabriel | | | |
| | (Name of Person) | | |
| Webstringers L | rc | | |
| · · · · · · · · · · · · · · · · · · · | (Firm/Company) | | |
| 4201 Wilson Bl | vd #110-365 | | |
| | (Address) | | |
| Arlington, VA 2 | 2203 | | |
| | (City/State and Zip Coo | ic) | |
| For further informati | on concerning this matter, p | lease call: | |
| Tarek Nahabet | | 603 | 504-4440 |
| (Na | ame of Person) | | Daytime Telephone Number) |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | ration Section on of Corporations ox 6327 | |
| , | for the following amount: | | |
| \$25 Filing Fee | S30 Filing Fee & Certificate of Status | ☐ \$55 Filing Fee & Certified Copy | Certificate of Status & Certified Copy |

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Filing Fee: \$25.00

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