

M13000000303

\_\_\_\_\_  
(Requestor's Name)

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

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

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

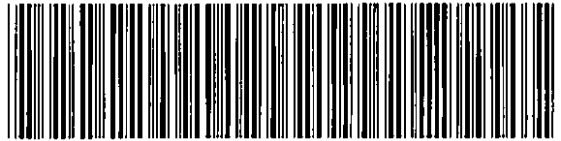
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700316287987

18 JUL 27 AM 10:48

FILED  
18 JUL 27 AM 1:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
JUL 30 2018

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

ACCOUNT NO. : I20000000195

REFERENCE : 322335 8175985

AUTHORIZATION :



COST LIMIT : \$ 25.00

ORDER DATE : July 26, 2018

ORDER TIME : 9:57 AM

ORDER NO. : 322335-015

CUSTOMER NO: 8175985

FOREIGN FILINGS

NAME: ISG SERVICES, LLC

\_\_\_\_ CORPORATE  
\_\_\_\_ LIMITED PARTNERSHIP  
XX 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: Roxanne Turner - EXT#

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

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ISG Services, 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:

Lisa Olechnovich

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

Conduent Inc.

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

100 Campus Drive, Suite 200E

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

Florham Park, NJ 07920

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

For further information concerning this matter, please call:

Lisa Olechnovich

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

973

at (\_\_\_\_\_) \_\_\_\_\_

(Area Code & Daytime Telephone Number)

261-7100

**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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

ISG Services, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

January 14, 2013

(Date registered with Florida Department of State)

Florida jurisdiction ID M13000000303

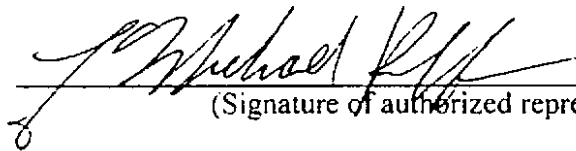
(Florida Document Number)

FILED  
18 JUL 27 AM 1:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.



(Signature of authorized representative)

J. Michael Pfeffer

(Typed or printed name of signee)

Filing Fee: \$25.00