## M13000003207

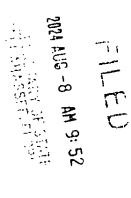
(R	equestor's Name)	
(Ā	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(В	usiness Entity Name)	
(D	ocument Number)	<del></del> _
Certified Copies	Certificates of \$	Status
Special Instructions to Fil	ing Officer:	

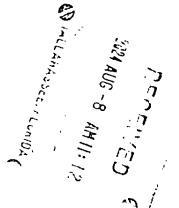
Office Use Only



400434194604

LLC withdrawd





ARAMSEY

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE : 577332 4301771
HORIZATION : AUTHORIZATION : COST LIMIT : \$ 25.0 ORDER DATE: August 5, 2024 ORDER TIME : 10:36 AM ORDER NO. : 577332-630 CUSTOMER NO: 4301771 FOREIGN FILINGS NAME: QUALTEK 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: Shauna Godbolt - EXT#

## **COVER LETTER**

		Č,		
		n Section Corporations		
OUD ITATE.	QualT	ek LLC		
SUBJECT:		(Name of For	(Company)	
Dear Sir or M	ladam:			
The enclosed	l withdr	rawal and fee(s) are submitte	d for filing.	
Please return	all cor	respondence concerning this	matter to the following	iā:
		(Name of Person)		_
		(Firm/Company)		_
	<del></del>	(Address)	· <del>-</del>	_
		(City/State and Zip Cod	le)	_
For further ir	ıformat	ion concerning this matter, p	dease call:	
Emanuel P	earlma	n	484 at (	804-4500
	(N	ame of Person)		& Daytime Telephone Number)
Reg		ion Section		Street Address: Registration Section
	ision ( ). Box	of Corporations		Division of Corporations The Centre of Tallahassee
		ee. FL 32314		2415 N. Monroe Street. Suite 81 Tallahassee. FL 32303
Enclosed is :	i 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

PILED

2024 AUG -8 AM 9: 52

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

QualTek LLC		
	(Name of limited liability company)	
Delaware		
	(Jurisdiction of its organization)	
05/21/2013		
	(Date registered with Florida Department of State)	
M13000003207	97	
	(Florida Document Number)	
(If an effective more than 90 c <b>Note:</b> If the da	e, if other than the date of filing:	or ments.
	Emanuel Pearlman	
	(Signature of authorized representative)	
	Emanuel Pearlman	
	(Typed or printed name of signee)	

577332

Filing Fee: \$25.00