(Re	equestor's Name)
	ddress)
DA)	101622)
(Ad	ddress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
85:1 1:3 of 2:0 a	
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TIPO

T. LEMIEUX DEC 5 0 SOIB

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195				
REFERENCE : 100432 5123330				
AUTHORIZATION :				
COST LIMIT : \$ 25.00				
ORDER DATE : December 13, 2019				
ORDER TIME : 10:40 AM				
ORDER NO. : 100432-325				
CUSTOMER NO: 5123330				
<b></b>				
FOREIGN FILINGS				
NAME: GO AUTO EXCHANGE, 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: Kadesha Roberson - EXT#

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Go Auto Exchange, LLC			
(Name of limited liability company)	<u> </u>		
Delaware			
(Jurisdiction of its organization)			<u> </u>
10/01/2013			
(Date registered with Florida Department of State)		<del>.</del>	<u> </u>
M13000006207			
(Florida Document Number)	<del></del>		
This limited liability company is withdrawing its certificate of authority in	n this state	e.	
Effective Date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior more than 90 days after filing.)  Note: If the date inserted in this block does not meet the applicable statut	r to date o	_	or
this date will not be listed as the document's effective date on the Depart	ment of Si	ate's r	ecords.
(Signature of authorized representative)  Luis A. Avila  (Typed or printed name of signee)	IALLAHASSEE / LUSID	.5018 DEC. 14 V 10: H	
(*) ped of printed harte of signed)		~	

Filing Fee: \$25.00