

M13000006953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

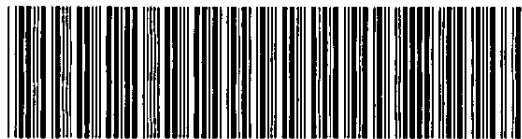
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED

17 JUN 28 AM 8:50

DIVISION OF CORPORATIONS

RECEIVED

2017 JUN 28 PM 4:24

OFFICE OF THE STATE
TALLAHASSEE, FLORIDA

O SIMMONS

JUN 29 2017

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

ACCOUNT NO. : I20000000195

REFERENCE : 696114 8067726

AUTHORIZATION

COST LIMIT : \$25.00

ORDER DATE : June 22, 2017

ORDER TIME : 3:26 PM

ORDER NO. : 696114-005

CUSTOMER NO: 8067726

FOREIGN FILINGS

NAME: ARCHON INFORMATION SYSTEMS,
L.L.C.

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Melissa Zender - EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Archon Information Systems, L.L.C.

(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:

Courtney Arena

(Name of Person)

CivicSource

(Firm/Company)

935 Gravier St Suite 1700

(Address)

New Orleans, LA 70112

(City/State and Zip Code)

For further information concerning this matter, please call:

Courtney Arena

(Name of Person)

504

at ()

267-0065

(Area Code & 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

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

ARCHON INFORMATION SYSTEMS, L.L.C.

(Name of limited liability company)

DE

(Jurisdiction of its organization)

11/01/2013

(Date registered with Florida Department of State)

M13000006953

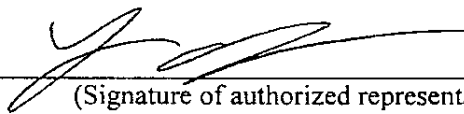
(Florida Document Number)

FILED
11 JUN 28 AM 8:50
DIVISION OF CORPORATIONS

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)

Leo Sayer

(Typed or printed name of signee)

Filing Fee: \$25.00