

**M13000006953**

(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:

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**FILED**

**17 JUN 28 AM 8:50**

**DIVISION OF CORPORATIONS**

2017 JUN 28 PM 4:24  
STATE OF FLORIDA  
ATTORNEY GENERAL

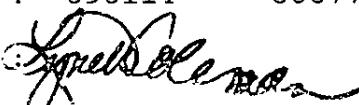
**RECEIVED**

**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

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ORDER DATE : June 22, 2017

ORDER TIME : 3:26 PM

ORDER NO. : 696114-005

CUSTOMER NO: 8067726

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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 at (504) 267-0065  
(Name of Person) (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

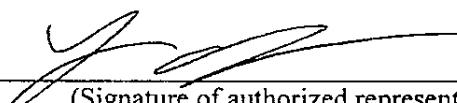
(Florida Document Number)

17 JUN 28 AM 8:50  
DIVISION OF CORPORATIONS  
FILED

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