41400008500

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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ONVISION OF COMPOSATION OF COMPOSATI

2020 SEP 17 PM 2: 16

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98: 17 MILE 39

C. GOLDEN SEP 1 8 2020 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Tallahassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	120000000	195	
	REFERENCE	:	428292	7668552	
	AUTHORIZATION	:	Smelle	Cenan	
	COST LIMIT	:	\$ 25.00		
ORDER DATE :	September 16, 20	20			
ORDER TIME :	10:52 AM				
ORDER NO. :	428292-030				
CUSTOMER NO:	7668552				
	-				
	FOREIGN F	ILI	NGS		
NAME:	IBEX MANAGEME	NT	SERVICES L	LC	
CORPORAT	IE PARTNERSHIP				

XXX 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: Amanda Robinson - EXT# 62968

EXAMINER:

COVER LETTER

TO: Registr Divisio	ation Section n of Corporations		
SUBJECT:	ex Management Services	LLC .	
	(Name of	Foreign Limited Liabi	lity Company)
Dear Sir or Mada	un:		
The enclosed wit	hdrawal and fee(s) are subm	itted for filing.	
Please return all o	correspondence concerning t	his matter to the follow	ving;
Mid	(Name of Person)		
	(Name of Person)		
	(Firm/Company)		
5760	(Address) Lordedolo F (City/State and Zip Co	L Avenue	
	(City/State and Zip Co		<u>L</u>
0	Name of Person)	at (& Daytime Telephone Number)
Division P.O. Box	ion Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
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

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2020 SF 17 AM II: 39

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

	(Name of limited liability company)
DE	(Company)
	(Jurisdiction of its organization)
11/25/2014	(cumaterion of its organization)
	(Date registered with Florida Department of State)
M14000008500	, and a 2.2.0)
	(Florida Document Number)
If an effective d	other than the date of filing:(optional)
nore than 90 day Note: If the date his date will not	ate is listed, the date must be specific and command

Filing Fee: \$25.00