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

ACCOUNT NO. : I2000000195 REFERENCE: 721635 4300123 AUTHORIZATION / COST LIMIT ORDER DATE : April 10, 2019 ORDER TIME : 2:28 PM ORDER NO. : 721635-025 CUSTOMER NO: 4300123 FOREIGN FILINGS NAME: GALAXY IM HOLDINGS, LLC CORPORATE LIMITED 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

EXAMINER:

CONTACT PERSON: Lydia Cohen - EXT# 62974

		———ео	VER-LETTER	
	istration Si ision of Co	ection rporations		
	Galaxy IN	л Holdings, LLC		
SUBJEÇT:		(Name of Fore	ign Limited Liability C	ompany)
Dear Sir or A	Madam:			
The enclosed	d withdraw	al and fec(s) are submitted	for filing.	
Please return	all corres	oondence concerning this r	natter to the following:	
Ken Partlow	,			
		(Name of Person)		
Galaxy Rea	Ity Compa	ny		
		(Firm/Company)		
626 RXR P	laza, 6th F	loor		
		(Address)		
Uniondale,	New York	11557		
		(City/State and Zip Code	:)	
For further i	nformation	concerning this matter, pl	case cali:	
Ken Partloy	v		646	723-4755
	(Nan	ne of Person)	al ((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 f	or the following amount:		
□ \$25 Filin	ng Fee	□ \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Galaxy IM Hold	ings, LLC				
	(Name	of limited liability company)		-
Delaware					
	(Juri	sdiction of its organization)			-
12/02/2014					_
	(Date register	ed with Florida Department of	of State)		
M14000008598					_
	(F)	lorida Document Number)			
This limited l	ability company is with	drawing its certificate of au	ithority in this sta	ite.	
(If an effective more than 90 Note: If the d	days after filing.) ate inserted in this block	of filing: must be specific and canno does not meet the applicat ment's effective date on th	ble statutory filing	g requirements,	
	(Signat	dure of authorized represen	tative)	- TAT.	
	Seth B. Lipsay			15 APR 10	<u> </u>
	(Ту	ped or printed name of sign	nee)	O AM 8: 38	

Filing Fee: \$25.00