

9/1/2020

Division of Corporations

H200003042473

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

LLC DISSOLUTION OR WITHDRAWAL
CIMACAST LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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SEP-03-2020

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*Notice of
Withdrawal*

H200003042473

DocuSign Envelope ID: 04D3ACBA-680E-4CF9-AA7F-85F10E1C64AA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CIMACAST LLC

(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.

Joseph Mignone

(Name of Person)

Lowenstein Sandler LLP

(Firm/Company)

1251 Avenue of the Americas

(Address)

New York, NY 10020

(City/State and Zip Code)

For further information concerning this matter, please call.

_____ at (_____) _____
(Name of Person) (Area Code & Daytime Telephone Number)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

CIMACAST LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

03/17/2015

(Date registered with Florida Department of State)

M15000002564

(Florida Document Number)

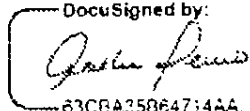
This limited liability company is withdrawing its certificate of authority in this state.

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.

DocuSigned by:



63CBA258647:4AA..

(Signature of authorized representative)

Amelie Ferro

(Typed or printed name of signee)

2020 SEP -1 PM 2:37

Filing Fee: \$25.00