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K. SALY OCT 1 6 2019 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

1

ACCOUNT NO. : I2000000195

REFERENCE : 011522_

AUTHORIZATION

COST LIMIT :

ORDER DATE: October 15, 2019

ORDER TIME : 12:11 PM

ORDER NO. : 011522-030

CUSTOMER NO: 8090943

FOREIGN FILINGS

NAME: MG SUPPORT SERVICES, 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

CONTACT PERSON: Amanda Robinson - EXT#

EXAMINER:

COVER LETTER

TO: Registration Division o	on Section f Corporations		
MG S	Support Services, LLC		
	(Name of Fo	oreign Limited Liability	Company)
Dear Sir or Madam	:		
The enclosed withd	rawal and fee(s) are submitte	ed for filing.	
Please return all con	Tespondence concerning thi	s matter to the following	z :
Carmela Jones			
	(Name of Person)	, , , , , , , , , , , , , , , , , , ,	_
IAP Worldwide Se	rvices, Inc.		
	(Firm/Company)	•	-
7315 N. Atlantic A	ve.		
	(Address)		-
Cape Canaveral, FI	. 32920		
	(City/State and Zip Coo	de)	-
For further informat	ion concerning this matter, p	olease call:	
Carmela Jones		321 at (784-7283
(N	ame of Person)		Daytime Telephone Number)
Registration Section Registration		LING ADDRESS:	
Cliston Bui 2661 Exect		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	S55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

MG Support Se	rvices, LLC	
	(Name of limited liability company)	19 0
Delaware		0CT 1
	(Jurisdiction of its organization)	<u>}^</u>
05/15/2015	·	
	(Date registered with Florida Department of State)	
M15000003822		
	(Florida Document Number)	•
(If an effective more than 90 Note: If the d	e, if other than the date of filing: e date is listed, the date must be specific and cannot be prior to da days after filing.) ate inserted in this block does not meet the applicable statutory fil not be listed as the document's effective date on the Department of	ing requirements,
	Michille Freduce (Signature of authorized representative)	
	Michelle Trepanier	
	(Typed or printed name of signee)	

Filing Fee: \$25.00