

MIS000005994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

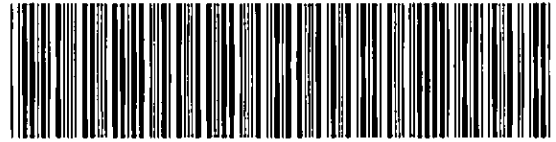
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA

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MAIL ROOM - FLORIDA

DEC 11 2020

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

ACCOUNT NO. : I20000000195  
REFERENCE : 544925 7230352  
AUTHORIZATION *Lyndell*  
COST LIMIT : \$ 25.00

ORDER DATE : December 9, 2020  
ORDER TIME : 11:23 AM  
ORDER NO. : 544925-005  
CUSTOMER NO: 7230352

FOREIGN FILINGS

NAME: PROQUEST ASSOCIATES IV LLC

CORPORATE  
 LIMITED PARTNERSHIP  
XX  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: \_\_\_\_\_



**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

ProQuest Associates IV LLC

\_\_\_\_\_  
(Name of limited liability company)

Delaware

\_\_\_\_\_  
(Jurisdiction of its organization)

7/29/2015

\_\_\_\_\_  
(Date registered with Florida Department of State)

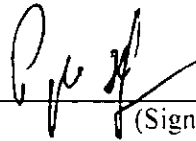
M15000005994

\_\_\_\_\_  
(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.



\_\_\_\_\_  
(Signature of authorized representative)

Pasquale DeAngelis

\_\_\_\_\_  
(Typed or printed name of signee)

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TALLAHASSEE  
FLORIDA

**Filing Fee: \$25.00**