## M15000005994

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
(20		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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FILED
2020 DEC 10 AM 8: 38

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DID 11 Maj

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Tallahassee, FL 3230 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 544925 7230352
AUTHORIZATION Spelle Kenny
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: \_\_\_\_

## **COVER LETTER**

TO:

Registration Section

Division o	f Corporations		
	uest Associates IV LLC		
SUBJECT:	(Name of For	eign Limited Liability	Company)
Dear Sir or Madam	:		
The enclosed withd	rawal and fee(s) are submitte	d for filing.	
Please return all cor	respondence concerning this	matter to the followin	g:
Pasquale DeAng	əlis		
	(Name of Person)	<del></del>	_
ProQuest Investn	nents		
	(Firm/Company)		_
PO Box 406			
	(Address)		_
Buckingham, PA	18912		
	(City/State and Zip Cod	c)	_
For further informa	tion concerning this matter, p	lease call:	
Pasquale DeAngo	elis	609 at (	319-2929
1)	lame of Person)		& 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 chect	for the following amount:		
□\$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	☐\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee,  Certificate of Status &

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

ProQuest Associates	s IV LLC	)																																			
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Effective Date, if or (If an effective date more than 90 days a <b>Note:</b> If the date in this date will not be	e is liste after fil iserted i	ed, ling in t	i, ng i t	l, 1£ t	, 1£	g. th	he ) is	d: bl	ate oct	mı k do	ıst oe	t b	no	spe t n	10	et	t	hŧ	e a	pр	lic	ab	le :	stat	uto	гy	fil	inį	g re	equi	rer	ne	nts				
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Filing Fee: \$25.00