

1
MIS000006069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

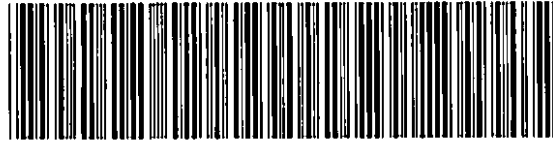
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FLORIDA

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Y SULKER

MAR 03 2020

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

ACCOUNT NO. : I20000000195

REFERENCE : 197550 7835199

AUTHORIZATION :

COST LIMIT : \$ 95.00

ORDER DATE : February 28, 2020

ORDER TIME : 11:11 AM

ORDER NO. : 197550-010

CUSTOMER NO: 7835199

FOREIGN FILINGS

NAME: INSTORE VISION LLC

XX CORPORATE
 LIMITED PARTNERSHIP
 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: Kadesha Roberson - EXT#

EXAMINER: _____

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

InStore Vision LLC

(Name of limited liability company)

(Jurisdiction of its organization)

07/31/2015

(Date registered with Florida Department of State)

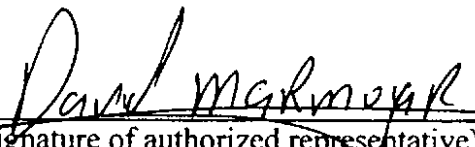
M15000006069

(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)

David Marmour

(Typed or printed name of signee)

Filing Fee: \$25.00

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