M15000008511

(Requestor's Name)	
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(Business Entity Name)	
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e hal Instructions to Filing Officer:	
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FILED 2023 JAN 23 AH 8: 16 SECRETARY OF STATE SECRETARY OF STATE



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

ACCOUNT NO. : I2000000195

REFERENCE :

AUTHORIZATION

389546 **1** 8153185 COST LIMIT : \$ 25.00

. **. . . .** .

ORDER DATE : January 23, 2023

ORDER TIME : 10:13 AM

ORDER NO. : 389516-005

CUSTOMER NO: 8153185

FOREIGN FILINGS

NAME: ONTRACK DATA RECOVERY, 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: Alexxis Weiland - EXT#

EXAMINER:

	C	OVER LETTE	R
TO: Registration Division of	n Section Corporations		
Ontrac SUBJECT:	ck Data Recovery, LLC		
Subject	(Name of For	reign Limited Liability	(Company)
Dear Sir or Madam:			
The enclosed withdr	awal and fee(s) are submitte	ed for filing.	
Please return all corr	respondence concerning this	matter to the followin	g:
Andy Southam			
	(Name of Person)		_
KLDiscovery Ontra	ack, LLC		
····	(Firm/Company)		_
9023 Columbine F	Road		
	(Address)	<u> </u>	_
Eden Prairie			
	(City/State and Zip Cod	le)	_
For further informati	on concerning this matter, p	blease call:	
Andy Southam		0044 at (7917235015
(N:	ume of Person)	· · · · · · · · · · · · · · · · · · ·	& Daytime Telephone Number)
Division o P.O. Box	on Section of Corporations		<u>Street Address:</u> 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:		
□\$25 Filing Fee	\$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status &

· · · ·

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Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Ontrack Data Recovery	LLC	
<u></u>	(Name of limited liability company)	SECUTA
Minnesota		JAN
	(Jurisdiction of its organization)	<u> </u>
10/26/2015		ASS A
	(Date registered with Florida Department of State)	<u>1</u> 3:0 00
M15000008571		8: 16 5. FL
	(Florida Document Number)	O

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.

IN. (Signature of authorized representative)

Christopher Weiler (Chief Executive Officer)

(Typed or printed name of signee)

Filing Fee: \$25.00