

M15 000009006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

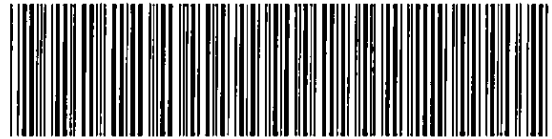
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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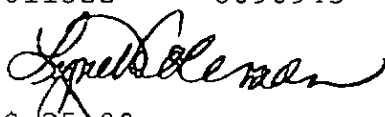
19 OCT 15 PM 2:06

2019 OCT 15 AM 9:12

OCT 16 2019

M. SOLOMON

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

ACCOUNT NO. : I20000000195  
REFERENCE : 011522 8090943  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

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ORDER DATE : October 15, 2019  
ORDER TIME : 12:10 PM  
ORDER NO. : 011522-020  
CUSTOMER NO: 8090943

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FOREIGN FILINGS

NAME: IAP-CH2M SERVICES II, LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Amanda Robinson - EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IAP-CH2M Services II, LLC  
\_\_\_\_\_  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carmela Jones  
\_\_\_\_\_

(Name of Person)

IAP Worldwide Services, Inc.  
\_\_\_\_\_

(Firm/Company)

7315 N. Atlantic Ave.  
\_\_\_\_\_

(Address)

Cape Canaveral, FL 32920  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

Carmela Jones  
\_\_\_\_\_

(Name of Person)

at ( 321 ) 784-7283  
\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---|---|--|--|

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

IAP-CH2M Services II, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

11/09/2015

(Date registered with Florida Department of State)

M15000009006

(Florida Document Number)

2016 OCT 15 AM 9:13

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)

Michelle Trepanier

(Typed or printed name of signee)

**Filing Fee: \$25.00**