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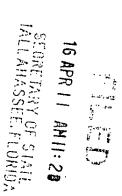
(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL.		
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COVER LETTER

	gistration vision of	Section Corporations		
SUBJECT:	OAS [*]	rs, llc		
		(Name of Fo	reign Limited Liability	Company)
Dear Sir or l	Madam:			
The enclose	d withdra	awal and fee(s) are submitte	ed for filing.	
Please return	n all corr	espondence concerning this	matter to the following	;:
Sherry P	everini			
		(Name of Person)		-
OASTS,	LLC			
		(Firm/Company)		-
10 Harris	Court	, Suite B-1		
	-	(Address)		•
Monterey	, CA 9	3940		
		(City/State and Zip Cod	le)	-
For further i	nformati	on concerning this matter, p	lease call:	
Sherry P	everini		831	649-0220
-	(Ne	ime of Person)	(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:		
☑ \$ 25 Filin _i	g Fee	□ \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

(Name of limited liability company)
(Jurisdiction of its organization)
Date registered with Florida Department of State)
(Florida Document Number)
Any is withdrawing its certificate of authority in this state. (Signature of authorized representative) Orosco (Typed or printed name of signee)

Filing Fee: \$25.00