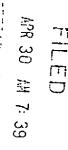
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 744198 8047017 AUTHORIZATION : COST LIMIT : ORDER DATE: April 29, 2019 ORDER TIME: 8:55 AM ORDER NO. : 744198-010 CUSTOMER NO: 8047017 FOREIGN FILINGS NAME: IIA HOLDINGS, LLC \_\_ CORPORATE \_\_\_\_ LIMITED PARTNERSHIP XXX LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY \_\_\_\_ CERTIFICATE OF STATUS

EXAMINER:

CONTACT PERSON: Lydia Cohen - EXT# 62974

## COVER LETTER

·	
TO: Registration Section Division of Corporations  SUBJECT: Name of Foreign Lie	mited Liability Company)
Dear Sir or Madam:  The enclosed withdrawal and fee(s) are submitted for fi  Please return all correspondence concerning this matter	iling. r to the following:
Name of Person)	
(Firm/Company)	<u> </u>
3550 Lewx Rd, NE	Duite 1525
(City/State and Zip Code)	
For further information concerning this matter, pleating the second of Person (Name of Person)	at (213) 314-5531  (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:	
S25 Filing Fee Scrifficate of Status	Certified Copy  Certified Copy  Certified Copy  Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

OF CERTIFICATE OF AUTHORITY	
NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY	١.
(Name of limited liability/company)  Delaware (Jurisdiction of its organization)  War Blood Blood (Date registered with Florida Department of State)  (Florida Document Number)	17
This limited liability company is withdrawing its certificate of authority in this state.  [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)	
(Typed or printed name of signee)	

Filing Fee: \$25.00