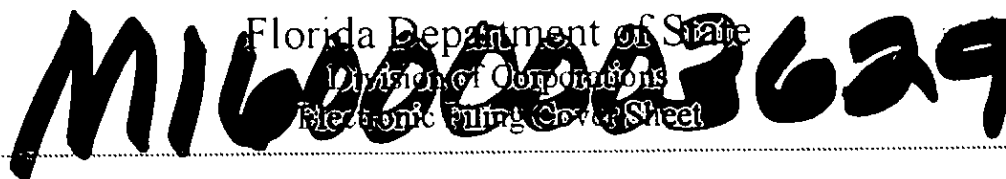


6/25/2020

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

**LLC DISSOLUTION OR WITHDRAWAL
EDO LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2020 JUN 25 AM 10:23

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2020 JUN 25 AM 11:44

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JUN 26 2020

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EDO 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:

Beth M. Hoffman

(Name of Person)

L3Harris Technologies, Inc.

(Firm/Company)

1025v W. Nasa Blvd

(Address)

Melbourne FL 32919

(City/State and Zip Code)

For further information concerning this matter, please call.

Bteh Hoffman

(Name of Person)

at (321) 312-8528

(Area Code & Daytime Telephone Number)

Mailing Address:

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

Street Address:

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 &
Certified Copy

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2020 JUN 25 AM 10:23

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

EDO LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

5/4/2016

(Date registered with Florida Department of State)

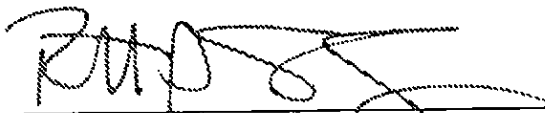
M16000003629

(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)

Robert A. Johnson Jr.

(Typed or printed name of signee)

Filing Fee: \$25.00

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