

M/6000003662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

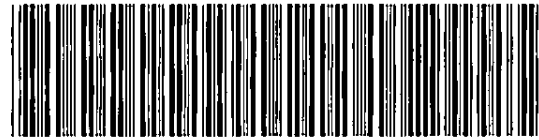
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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Withdrawal

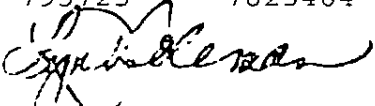
2023 JUN -7 AM 9:19  
CLERK OF STATE  
TOLSON POST OFFICE

FILED

A. RAMSEY  
JUN 08 2023

2023 JUN -7 AM 11:21  
CLERK OF STATE  
TOLSON POST OFFICE

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

ACCOUNT NO. : I20000000195  
REFERENCE : 795725 7825464  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

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ORDER DATE : June 6, 2023  
ORDER TIME : 8:36 AM  
ORDER NO. : 795725-005  
CUSTOMER NO: 7825464

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FOREIGN FILINGS

NAME: PAYMENT EXPRESS USA 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: Alexxis Weiland-sorenson - EXT#

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Payment Express USA 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:

Ah Song Sunwoo

\_\_\_\_\_  
(Name of Person)

Windcave Limited

\_\_\_\_\_  
(Firm/Company)

98 Anzac Avenue, Auckland Central

\_\_\_\_\_  
(Address)

Auckland, New Zealand 1010

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ah Song Sunwoo

\_\_\_\_\_  
(Name of Person)

+64

98926142

at (\_\_\_\_\_) \_\_\_\_\_

(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

FILED

2023 JUN -7 AM 9:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

Payment Express USA LLC

\_\_\_\_\_  
(Name of limited liability company)

Delaware

\_\_\_\_\_  
(Jurisdiction of its organization)

05/06/2016

\_\_\_\_\_  
(Date registered with Florida Department of State)

M16000003662

\_\_\_\_\_  
(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.

*Louise Forman*

\_\_\_\_\_  
(Signature of authorized representative)

Louise Forman, General Counsel

\_\_\_\_\_  
(Typed or printed name of signee)

**Filing Fee: \$25.00**