## MIGCEUSHSE

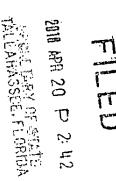
(Reques	stor's Name)			
(Addres	s)			
(Addres	s)			
(City/St	ate/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
(Busine	ss Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				





600312037836

04/20/18--01011--029 \*\*25.00



## COVER LETTER

TO: Registration Division of	n Section Corporations			
Transp SUBJECT:	arency Al, LLC (Florida F	ile Number M1600000.	5458)	
	(Name of Fo	reign Limited Liability	Company)	
Dear Sir or Madam:				
The enclosed withdr	awal and fee(s) are submitte	ed for filing.		
Please return all corn	respondence concerning this	matter to the following	g:	
Carolyn Rudi				
	(Name of Person)		_	
Motors Managemen	t Corporation			
	(Firm/Company)	g 4 link de	_	
3701 Alabama Ave	South			
	(Address)		_	
St. Louis Park, MN	55416			2818 1971 20 TATELARIASSE
	(City/State and Zip Cod	le)	_	e e
For further informati	on concerning this matter, p	please call:		2: <b>42</b>
Carolyn D. Rudi		952 at (	258-8838	\$ 5000 PM
(N	ame of Person)		k Daytime Telephone	Number)
Registration Division of Clifton Buil 2661 Execu	Corporations	Regis Divis P.O. 1	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check	for the following amount:			
■ \$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	☐ \$55 Filing Fee & Certified Copy	☐ S60 Filing Fe Certificate of Certified Cop	Status &

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Transparency AI, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
7/7/2016
(Date registered with Florida Department of State)
M16000005458
(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:  (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)
Michael Gallagher
(Typed or printed name of signee)

Filing Fee: \$25.00