MICOCOCOCOCOCOCOTI

| (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: |
| |
| |
| |

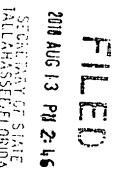
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COVER LETTER

Registration Section Division of Corporations

TO:

| SUBJECT: 5 trome Consulting LLC (Name of Foreign Limited Liability Company) | |
|--|-------------|
| (Name of Poleign Chinica Liaothly 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: | |
| Scott Drake (Name of Person) | |
| (Name of Person) | |
| Strone Networks LLC (Firm/Company) | |
| 308 Fulls Way (Address) | SECRE IN |
| Woodspek GA 30188 (City/State and Rip Code) | SECTION |
| for further information concerning this matter, please call: | 5 |
| SCOT L DRAKE at (494) 932-4150 (Area Code & Daytime Telephone Number | <u>•</u> |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | |
| Enclosed is a check for the following amount: | |
| □ \$25 Filing Fee □ \$30 Filing Fee & □ \$55 Filing Fee & Certificate of Status Certified Copy Certified Copy | ; & |

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| Strone Consulting LLC (Name of limited liability company) | | | |
|---|----------------|----------------|---|
| Delaware JUSA (Jurisdiction of its organization) | | | |
| (Date registered with Florida Department of State) | | | |
| (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: | quirement | | |
| (Signature of authorized representative) | SECR TALLA | 2018 A | · |
| (Typed or printed name of signee) | ETAKY OF STATE | AUG 13 PH 2: 4 | |

Filing Fee: \$25.00