## M1600007001

(Re	questor's Name)	
hA)	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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OCT 16 2019 M. SOLOMON CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 011522\_

AUTHORIZATION

COST LIMIT :

ORDER DATE: October 15, 2019

ORDER TIME : 12:11 PM

ORDER NO. : 011522-035

CUSTOMER NO: 8090943

## FOREIGN FILINGS

ORDNANCE MANAGEMENT NAME: ASSOCIATES, 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

CONTACT PERSON: Amanda Robinson - EXT#

EXAMINER:

## **COVER LETTER**

Division o	on Section f Corporations		
Ordna SUBJECT:	ance Management Associate	es, LLC	
	(Name of Fo	oreign Limited Liability	Company)
Dear Sir or Madam	:		
The enclosed withd	rawal and fee(s) are submitt	ed for filing.	
Please return all cor	respondence concerning thi	s matter to the following	g:
Carmela Jones			
	(Name of Person)		-
IAP Worldwide Sei	rvices, Inc.		
	(Firm/Company)		-
7315 N. Atlantic A	ve.		
	(Address)		-
Cape Canaveral, FL	. 32920		
	(City/State and Zip Cod	de)	_
For further informat	ion concerning this matter, p	olease call:	
Carmela Jones		321 at (	784-7283
(N	ame of Person)		Daytime Telephone Number)
Registration Division of Clifton Bui 2661 Execu Tallahassec	Corporations Iding Itive Center Circle , Florida 32301	Regis Divisi P.O. E Tallat	LING ADDRESS: tration Section on of Corporations Box 6327 nassee, Florida 32314
Enclosed is a check	or the following amount:  □ \$30 Filing Fee & Certificate of Status	☐ \$55 Filing Fee & Certified Copy	S60 Filing Fee. Certificate of Status & Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Ordnance Management Associates, LLC	
(Name of limited liability company)	
Delaware	•
(Jurisdiction of its organization)	
08/31/2016	·
(Date registered with Florida Department of State)	
M16000007001	•
(Florida Document Number)	22
nore than 90 days after filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing the base on the Department of the date will not be listed as the document's effective date on the Department of the Department of the date will not be listed as the document's effective date on the Department of the date will not be listed as the document's effective date on the Department of the date will not be listed as the document's effective date on the Department of the date will not be listed as the document's effective date on the Department of the date will not be listed as the document's effective date on the Department of the date will not be listed as the document's effective date on the Department of the date will not be listed as the document's effective date on the Department of the date will not be listed as the document's effective date on the Department of the date will not be listed as the document's effective date on the Department of the date will not be listed as the document's effective date on the Department of the date will not be listed as the document's effective date on the Department of the date of the d	ing requirements, f State's records
·	
(Signature of authorized representative)	_
Michelle Trepanier	
(Typed or printed name of signer)	<del></del>

Filing Fee: \$25.00