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

ACCOUNT NO. : I2000000195 REFERENCE: 451028 AUTHORIZATION : COST LIMIT : ORDER DATE: October 19, 2018 ORDER TIME : 9:59 AM ORDER NO. : 451028-010 CUSTOMER NO: 5012293 FOREIGN FILINGS NAME: ITS INFOCOM, L.L.C. CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF STATUS

EXAMINER: _ _

CONTACT PERSON: Roxanne Turner - EXT#

COVER LETTER

Division of	n Section Corporations				
	focom, L.L.C.				
SUBJECT:	(Name of Fo	reign Limited Lia	ability C	ompany)	
Dear Sir or Madam:					
The enclosed withdr	awal and fee(s) are submitte	d for filing.			
Please return all con	respondence concerning this	matter to the fol	lowing:		
Rebecca Lewis					
	(Name of Person)				
Clark Hill PLC					•
	(Firm/Company)				
301 Grant Street, 1-	4th Floor				图 00 14
	(Address)	· · · · · · · · · · · · · · · · · · ·			7
Pittsburgh, PA 1521	19				
	(City/State and Zip Coc	le)			e Pr
For further informat	ion concerning this matter, p	lease call:			
Rebecca Lewis		412 at (١	394-7742	
(N	ame of Person)		Code &	Daytime Telephone Nun	nber)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		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 F Certified Co		☐ \$60 Filing Fee. Certificate of Sta Certified Copy	tus &

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

ITS Infocom, L.L.C				
	(Name of limited liability company)			
Delaware				
	(Jurisdiction of its organization)			
December 21, 2016				
	(Date registered with Florida Department of State)			
M16000010250				
	(Florida Document Number)			
(If an effective da more than 90 day Note: If the date	other than the date of filing: Ite is listed, the date must be specific and cannot be prior is after filing.) Inserted in this block does not meet the applicable statutor be listed as the document's effective date on the Departm	to date of	q ü îrem	ents.
tins date will not	be fisted as the document is effective date on the Departin	cm or Sta	CI 19	ords, j
/	s/ Rebecca Lewis		\triangleright	
_	(Signature of authorized representative)	,*	ს: 0 3	
R	ebecca Lewis			
	(Typed or printed name of signee)			

Filing Fee: \$25.00