(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		
	-	

Office Use Only



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17 MAY 15 AM 10: 03

**2017 INAY 15 PH 4:21** 

**8** Warren MAY 1 6 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : (62,9967) 4324989

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: May 12, 2017

ORDER TIME : 3:32 PM

ORDER NO. : 639967-005

CUSTOMER NO: 4324989

## FOREIGN FILINGS

NAME: INTEGRATED RECOVERY PRODUCTS,

LLC

CORPORATE
LIMITED PARTNERSHIP
XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF STATUS

CONTACT PERSON: Melissa Zender - EXT#

EXAMINER:

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Integrated Recovery Products, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
March 22, 2017
(Date registered with Florida Department of State)
M17000002453
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.  (Signature of authorized representative)
Gregory A. Todd
(Typed or printed name of signee)

Filing Fee: \$25.00

17 MAY 15 AM IO: 03
SECRETARY OF STATE
TALL AHASSEE FLORID