

117000002609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

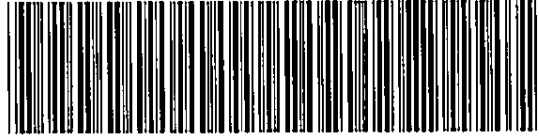
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

J. HORNE
APR - 5 2024

Office Use Only



700426910257

2024 APR - 4 AM 7:21
FALLAHASSEE, FLORIDA

RECEIVED
2024 APR - 4 PM 2:22
FALLAHASSEE, FLORIDA

CT CORP
(850) 656-4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 04/04/2024

Acc#120160000072

eric [signature]

Name:	ARGO AI, LLC
Document #:	
Order #:	15475468

Certified Copy of Arts & Amend:	<input type="checkbox"/>	
Plain Copy:	<input type="checkbox"/>	
Certificate of Good Standing:	<input type="checkbox"/>	
Certified Copy of	<input type="checkbox"/>	
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:
		Number of Certs:

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

Availability _____
 Document _____
 Examiner _____
 Updater _____
 Verifier _____
 W.P. Verifier _____
 Ref# _____

Amount: \$ **55.00**

Thank you!

FILED
2017 MAR 27 PM 7:21
TALLAHASSEE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Argo AI, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

March 27, 2017

(Date registered with Florida Department of State)

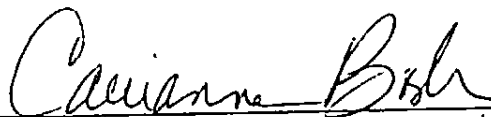
M17000002609

(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: _____ (optional)
(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)

Carriane Basler

(Typed or printed name of signee)

Filing Fee: \$25.00