

M17000002803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

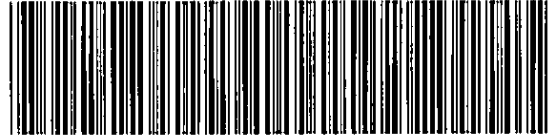
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECTION 2 STATE  
TALLAHASSEE FL

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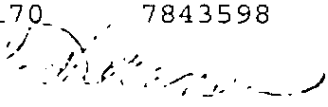
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SECTION 2  
TALLAHASSEE FL

O SIMMONS

JAN 15 2021

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

ACCOUNT NO. : I20000000195  
REFERENCE : 596170 7843598  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

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ORDER DATE : January 5, 2021  
ORDER TIME : 12:30 PM  
ORDER NO. : 596170-170  
CUSTOMER NO: 7843598  
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FOREIGN FILINGS

NAME: ULTRIVA, 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: Eyliena Baker - EXT#

EXAMINER: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

Ultriva, LLC

\_\_\_\_\_  
(Name of limited liability company)

California

\_\_\_\_\_  
(Jurisdiction of its organization)

7/26/2010

\_\_\_\_\_  
(Date registered with Florida Department of State)

M17000002803

\_\_\_\_\_  
(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)

Kin Gill, SVP, General Counsel and Secretary

\_\_\_\_\_  
(Typed or printed name of signee)

**Filing Fee: \$25.00**