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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 595469 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
AUTHORIZATION:					
COST LIMIT : \$ 25.00					
ORDER DATE : January 4, 2021					
ORDER TIME : 12:25 PM					
ORDER NO. : 595469-015					
CUSTOMER NO: 4328109					
FOREIGN FILINGS					
NAME: AMAZON PICKUP POINTS LLC					
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: Eyliena Baker - EXT#

COVER LETTER

	istration : ision of C	Section Corporations		
SUBJECT:	Amazor	n Pickup Points LLC		
Sobjecti		(Name of Fo	reign Limited Liability	(Company)
Dear Sir or N	ladam:			
The enclosed	l withdrav	val and fee(s) are submitte	ed for filing.	
Please return	all corre	spondence concerning this	matter to the following	g:
Mary Long				
	• •	(Name of Person)		_
Amazon.co	m, Inc.			
		(Firm/Company)		_
410 Terry A	venue N	lorth		
		(Address)		_
Seattle, WA	98109-	5210		
		(City/State and Zip Cod	le)	_
For further in	iformatio	n concerning this matter, p	olease call:	
Mary Long			206 at (740-8318
	(Nan	ne of Person)		& Daytime Telephone Number)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314				Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a	check fo	or the following amount:		
□\$25 Filing	Fee	□ \$30 Filing Fee & Certificate of Status	☐\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Amazon Pickup Points LLC	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
06/22/2017	
(Date registered with Florida Department of State)	
M17000005320	
(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 reserds.	~~ ~
Docusigned by:	
(Signature of authorized representative)	J
(Typed or printed name of signee)	

Filing Fee: \$25.00