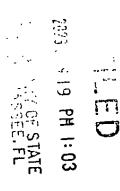
M17000006678

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	_
(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies		Status
Special Instructions to Fili	ng Officer:	į
		:





400409864384





CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

CONTACT PERSON: Eyliena Baker - EXT#

Phone: 850-558-1500

ACCOUNT NO. : I2000000195						
REFERENCE : 821249 7459624						
AUTHORIZATION: Comme Delle Man						
COST LIMIT : \$ 25.00						
ORDER DATE : June 16, 2023						
ORDER TIME : 9:39 AM						
ORDER NO. : 821249-010						
CUSTOMER NO: 7459624						
FOREIGN FILINGS						
NAME: ADVANTAGE QUIVERR 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						

EXAMINER:

COVER LETTER

~	of Corporations		
Adv SUBJECT:	rantage Quiverr LLC		
	(Name of For	eign Limited Liability	(Company)
Dear Sir or Madar	າ:		
The enclosed with	drawal and fee(s) are submitte	d for filing.	
Please return all co	orrespondence concerning this	matter to the following	ā:
Shawn Macha			
	(Name of Person)		_
Advantage Solu	itions		
	(Firm/Company)		_
15310 Barranca	Pkwy, Ste 100		_
	(Address)		_
Irvine, CA 92618			
	(City/State and Zip Cod	e)	_
For turther inform	ation concerning this matter, p	lease call:	
Shawn Macha		at (949	_) _ 797-3186
((Name of Person)		& Daytime Telephone Number)
Division P.O. Bo	ation Section n of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a chec	ck for 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

Advantage Quiverr LLC			
(Name of limited liability company)			_
Delaware			
(Jurisdiction of its organization)			_
August 4, 2017			
(Date registered with Florida Department of State)			_
M17000006678			
(Florida Document Number)			_
This limited liability company is withdrawing its certificate of authority in this sta	ite.		
Effective Date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing this date will not be listed as the document's effective date on the Department of S Docusioned by: Bob Murray 45805CAAB85D418 (Signature of authorized representative)	g require	or	
(orginitate of authorized representative)		r~ 3	
Robert Murray	43 - 23 - 34	023	1,
(Typed or printed name of signee)	PARY OF STATE	2023 JAH 19 PH 1: 03	m

Filing Fee: \$25.00