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COVER LETTER

TO:

	gistration Sec vision of Cor				
SUBJECT:	JUVO TEI	ECOM, LLC			
oomer.		(Name of For	eign Limited Liabili	ity Compa	any)
Dear Sir or A	Madam:				
The enclosed	d withdrawal	and fee(s) are submitted	d for filing.		
Please return	ı all correspo	ondence concerning this	matter to the follow	ring:	
TUAN TA					
		(Name of Person)			
JUVO TEL	ECOM, LLC	;			
		(Firm/Company)			
1135 KILD	AIRE FARN	1 ROAD, SUITE 327			
		(Address)			
CARY, NC	27511				
		(City/State and Zip Cod	e)		
For further i	nformation c	oncerning this matter, p	lease call:		
TUAN TA			919	481	-3138
	(Name	of Person)	at ((Area Cod	le & Dayti	me Telephone Number)
Reg Div Cli: 266	gistration Sec vision of Cor fton Building	porations 3 Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is	a check for	the following amount:			
□ \$25 Filing	g 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

FORMERLY JUVO TELECOM, LLC
(Name of limited liability company)
NORTH CAROLINA
(Jurisdiction of its organization)
10/2/17
(Date registered with Florida Department of State)
M17000008388
(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: 12/31/17 (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)
TUAN TA, MANAGING MEMBER
(Typed or printed name of signee)

Filing Fee: \$25.00