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(Req	uestor's Name)	
	_	
(Add	ress)	
(Addi	ress)	
(City/	State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nan	ne)
(Docs	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer.	
File 15+	-	Ì

Office Use Only



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O SIRARAONS

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

ACCOUNT NO. : 12000000195
REFERENCE : 459106 4339006
AUTHORIZATION: Spelle Man
COST LIMIT : \$25.00
ORDER DATE : October 25, 2018
ORDER TIME : 1:14 PM
ORDER NO. : 459106-020
CUSTOMER NO: 4339006
FOREIGN FILINGS
NAME: ARVATO BPS 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
CONTACT PERSON: Emily Croft - EXT# 62925

EXAMINER:

COVER LETTER

	ion Section of Corporations		
SUBJECT: Atvi	ato BPS LLC		
SUBJECT:		reign Limited Liability (Company)
Dear Sir or Madai	n:		
The enclosed with	drawal and fee(s) are submitte	d for filing.	
Please return all co	orrespondence concerning this	matter to the following	:
Jennifer Harper			
	(Name of Person)		
Bertelsmann, Inc.	•		
	(FimvCompany)		
1745 Broadway	•		
	(Address)		•
New York, NY 1	0019		
	(City/State and Zip Coo	ie)	
For further inform	nation concerning this matter, p	olease call:	
Jennifer Harper		212 at (782-1074
	(Name of Person)		Daytime Telephone Number)
Registrat Division Clifton F 2661 Exc	IVCOURIER ADDRESS: ion Section of Corporations duilding ecutive Center Circle see, Florida 32301	Regist Divisi P.O. B	JING ADDRESS: ration Section on of Corporations Box 6327 lassee, Florida 32314
Enclosed is a che	ck for the following amount:	:	
☐ \$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	(1) \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Arvato BPS LLC		iii iii
(Name of limited liability company)	•	
Delaware		72
(Jurisdiction of its organization)		
July 26, 2018	•	· 至
(Date registered with Florida Department of State)		
M18000006873		رى د
(Florida Document Number)		
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 more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory this date will not be listed as the document's effective date on the Departme	date of fi	uirements,
(Signature of authorized representative)		
R. Michael Rowsey		
(Typed or printed name of signee)		

Filing Fee: \$25.00