

M18000009038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

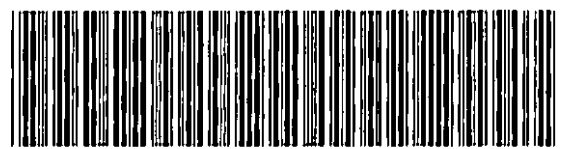
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700319783917

FILED
18 OCT 22 AM 9:10
TALLAHASSEE, FLORIDA

K SALLY
OCT 22 2018

FILED
18 OCT 22 AM 10:45
TALLAHASSEE, FLORIDA

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

ACCOUNT NO. : I200000000195

REFERENCE : 453726 5123330

AUTHORIZATION :

[Signature]

COST LIMIT : \$25.00

ORDER DATE : October 22, 2018

ORDER TIME : 10:05 AM

ORDER NO. : 453726-005

CUSTOMER NO: 5123330

FOREIGN FILINGS

NAME: XTIME-DE, LLC

- ☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- ☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

CONTACT PERSON: ROXANNE TURNER EXT 62969

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Xtime-DE, LLC

(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbara Williamson

(Name of Person)

Cox Enterprises, Inc., c/o Legal Department

(Firm/Company)

6205-A Peachtree Dunwoody Road

(Address)

Atlanta, GA 30328

(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Williamson

(Name of Person)

678

645-0841

at (_____) _____

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check 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

FILED
18 OCT 22 AM 9:15
TALLAHASSEE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Xtime-DE, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

10/03/2018

(Date registered with Florida Department of State)

M18000009038

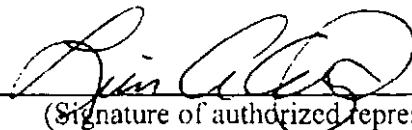
(Florida Document Number)

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)

Luis Avila

(Typed or printed name of signee)

Filing Fee: \$25.00