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	(Requestor's Name)				
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	(City/State/Zip/Phone #)				
	PICK-UP WAIT MAIL				
	(Business Entity Name)				
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	(Document Number)				
Cal	atti-u o				
U61	rtified Copies Certificates of Status				
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S	pecial Instructions to Filing Officer:				
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Office Use Only



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O SIMMONS MAR 1 6 2020 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195							
REFERENCE : 23054-5 7819183							
AUTHORIZATION: Spelle man							
COST LIMIT : \$ 25.00							
ORDER DATE: March 13, 2020							
ORDER TIME : 2:47 PM							
ORDER NO. : 230515-010							
CUSTOMER NO: 7819183							
FOREIGN FILINGS							
NAME: SEH ARCHITECTURE, 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: Kadesha Roberson - EXT#

COVER LETTER

Division of	n Section Corporations		
	Architecture, LLC		
SUBJECT:			
	(Name of Fo	reign Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withdr	awal and fee(s) are submitte	ed for filing.	
Please return all con	respondence concerning this	matter to the following	:
Jennifer McGaffey			
	(Name of Person)		-
Short-Elliott-Hendr	ickson, Incorporated		
	(Firm/Company)		-
3535 Vadnais Cente	er Drive		
	(Address)		-
St. Paul/MN 55110			
	(City/State and Zip Cod	de)	-
For further informat	ion concerning this matter, p	lease call:	
Jennifer McGaffey		651 at (490-2000
(N	ame of Person)		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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

SEH Architecture, LLC	20 HAR
(Name of limited liability	r company)
Minnesota	<u> </u>
(Jurisdiction of its organ	nization)
10/15/2018	
(Date registered with Florida De	partment of State)
M18000009566	
(Florida Document No	umber)
Effective Date, if other than the date of filing: (If an effective date is listed, the date must be specific at more than 90 days after filing.) Note: If the date inserted in this block does not meet the this date will not be listed as the document's effective date.	e applicable statutory filing requirements.
(Signature of authorized in James Fraser	·
(Typed or printed name	a of ciango)

Filing Fee: \$25.00

COVER LETTER

	tion Section of Corporations						
SEI SUBJECT:	Architecture, LLC						
(Name of Foreign Limited Liability Company)							
Dear Sir or Mada	m:						
The enclosed wit	hdrawal and fee(s) are submitte	ed for filing.					
Please return all o	correspondence concerning this	matter to the followi	ng:				
Jennifer McGaff	еу						
	(Name of Person)		_				
Short-Elliott-Her	ndrickson, Incorporated						
	(Firm/Company)		_				
3535 Vadnais Ce	enter Drive						
	(Address)		_				
St. Paul/MN 551	10						
	(City/State and Zip Coo	ie)	_				
For further inform	nation concerning this matter, p	olease call:					
Jennifer McGaffe	⊵ y	651	490-2000				
	(Name of Person)	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 cho	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				