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To:

Division of Corporations
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From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622LLC DISSOLUTION OR WITHDRAWAL
STREAMLINE RECON, LLC

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Streamline Recon, LLC

(Name of limited liability company)

Texas

(Jurisdiction of its organization)

10/29/2018

(Date registered with Florida Department of State)

M18000010102

(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)
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Alan Dielecker
(Signature of authorized representative)

Alan Dielecker
(Typed or printed name of signer)

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