

M19000002720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

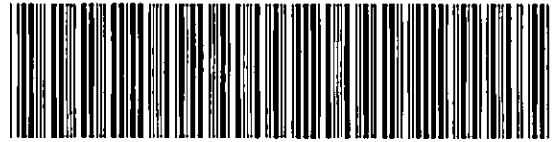
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000393527520

STATE OF FLORIDA
TALLAHASSEE, FL

2022 OCT 21 AM 10:36

FILED

TALLAHASSEE, FLORIDA

2022 OCT 21 PM 2:54

RECEIVED

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO : Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM : Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE : 10/21/2022

PRIORITY : Regular Approval

OUR REF.# (Order ID#) : 1081516

ORDER ENTITY :
TOMPKINS ROBOTICS, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

TOMPKINS ROBOTICS, INC. (FL)

File the attached withdrawal document

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tompkins Robotics, LLC

(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Landon Simmons

(Name of Person)

Tompkins Solutions, Inc.

(Firm/Company)

6870 Perry Creek Rd

(Address)

Raleigh, NC 27616

(City/State and Zip Code)

For further information concerning this matter, please call:

Landon Simmons

(Name of Person)

919

at (_____) _____

(Area Code & Daytime Telephone Number)

610-9306

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

7077 OCT 21 AM 10:36

SECRETARY OF STATE

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Tompkins Robotics, LLC

(Name of limited liability company)

North Carolina

(Jurisdiction of its organization)

03/20/2019

(Date registered with Florida Department of State)

M19000002720

(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)

Jeffrey Kaplan

(Typed or printed name of signee)

Filing Fee: \$25.00