## MOOCE

| (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: |
| Q. SILAS                                |
| mar 17 2022                             |
|   |

Office Use Only



400386832604

FILED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

| ACCOUNT NO. : I2000000195                                    |
|--|
| REFERENCE : 675081 8379208                                   |
| AUTHORIZATION: Spelle Man                                    |
| COST LIMIT : \$ 25.00  |
| ORDER DATE: May 13, 2022                                     |
| ORDER TIME : 2:25 PM   |
| ORDER NO. : 675081-005                                       |
| CUSTOMER NO: 8379208   |
|  |
| FOREIGN FILINGS  |
|  |
| NAME: BEDFORD SYSTEMS LLC                                    |
|  |
| CORPORATE  |
| LIMITED PARTNERSHIP  XXX 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: Eyliena Baker - EXT#

## **COVER LETTER**

| _  |   | Corporations                                 |                                      |  |
|--|---|--|--------------------------------------|--|
| CUBICT.  | Bedfor                                      | rd Systems LLC                               |                                      |  |
| SUBJECT:   | (Name of Foreign Limited Liability Company) |  |                                      |  |
| Dear Sir or N  | -fadam:                                     |  |                                      |  |
| The enclosed   | I withdra                                   | awal and fee(s) are submitted                | d for filing.                        |  |
| Please return  | all corr                                    | espondence concerning this                   | matter to the following              | g:   |
| Mackenzie  | Shea  |  |                                      |  |
|  |   | (Name of Person)                             | · <del>.</del>                       |  |
| Bedford Sy   | rstems l                                    | LLC  |                                      |  |
| ·  |   | (Firm/Company)                               | <del>-</del>                         | _  |
| 201 Burling  | gton Ro                                     | ad   |                                      |  |
|  |   | (Address)                                    |                                      | _  |
| Bedford, M   | A 0173                                      | 0  |                                      |  |
|  |   | (City/State and Zip Code                     | e)                                   | <del>-</del>   |
| For further in   | nformati                                    | on concerning this matter, p                 | lease call:                          |  |
|  | (N  | ame of Person)                               | at (                                 |  |
| 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 Filin  | g Fee                                       | ☐ \$30 Filing Fee &<br>Certificate of Status | □\$55 Filing Fee &<br>Certified Copy | ☐ \$60 Filing Fee. Certificate of Status & Certified Copy  |

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71122 MAY 13 PM 8: 0f.

## SECRETARY OF STATE NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| edford Systems LLC   |
|--|
| (Name of limited liability company)  |
| elaware  |
| (Jurisdiction of its organization)   |
| /22/2019   |
| (Date registered with Florida Department of State)   |
| 119000007059   |
| (Florida Document Number)  |
| his limited liability company is withdrawing its certificate of authority in this state.  ffective Date, if other than the date of filing: |
| Cocustoned by:  (Signature of authorized representative)   |
| Mackenzie Shea   |
| (Typed or printed name of signee)  |

Filing Fee: \$25.00