

M19 000008746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

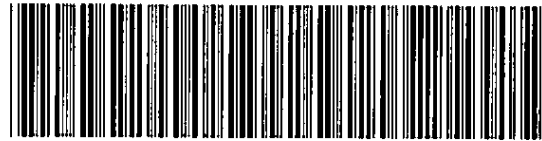
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500352410045

09/28/20--01005--002 \*\*25.00

FILED

2020 SEP 28 A 9 02

CLERK OF STATE  
TALLAHASSEE, FLORIDA

LLC  
With

NOV 04 2020

D CONNELL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: IFX Transport 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:

\_\_\_\_\_  
(Name of Person)

IFX Transport LLC  
(Firm/Company)

14201 Caliber Dr., Ste 300  
(Address)

OKC, OK 73134  
(City/State and Zip Code)

For further information concerning this matter, please call:

Reta Badley  
(Name of Person)

at ( 405 ) 608-6007  
(Area Code & Daytime Telephone Number)

**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:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|---|--|--|

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

IFX Transport LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

September 10, 2019

(Date registered with Florida Department of State)

M19000008746

(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.

Arty Strachla

(Signature of authorized representative)

Arty Strachla

(Typed or printed name of signee)

FILED  
2020 SEP 28 A 9:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00