M19000009333

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DIRECTOR'S SEFFICE

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 922975 7603797 AUTHORIZATION : COST LIMIT : ORDER DATE : August 4, 2023 ORDER TIME : 2:48 PM ORDER NO. : 922975-015 CUSTOMER NO: 7603797 FOREIGN FILINGS NAME: ENE.HUB US LLC __ CORPORATE LIMITED PARTNERSHIP XXX LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION

__ CERTIFIED COPY XX PLAIN STAMPED COPY ___ CERTIFICATE OF STATUS CONTACT PERSON: Eyliena Baker - EXT#

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER:

COVER LETTER

COVER LETTER				
	tion Section of Corporations			
SUBJECT:	ENE.HUB US LLC			
	(Name of For	reign Limited Liability	(Company)	
Dear Sir or Mada	nı:			
The enclosed with	ndrawal and fee(s) are submitte	ed for filing.		
Please return all o	correspondence concerning this	matter to the following	ığ:	
Kenneth	James Ellis		_	
	(Name of Person)			
ENE.HUB	US LLC (Firm/Company)		_	
	(i introdupany)			
601 S. Fig	ueroa St. Suite 2200		_	
	(Address)			
Los Ang	eles, CA 90017 (City/State and Zip Cod	lax	_	
For further inform	nation concerning this matter, p	olease call:		
Kenneth .	ames Ellis	at (206) 484-1761	
	(Name of Person)	(Area Code a	& Daytime Telephone Number)	
Registr Divisio P.O. Bo	Address: ation Section n of Corporations ox 6327 ssee, 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 che	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	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

ENE.HUB US LLC			
(Name of limited liability company)			
Delaware			
(Jurisdiction of its organization)			
September 27, 2019			
(Date registered with Florida Department of State)			—
M19000009333			
(Florida Document Number)			_
This limited liability company is withdrawing its certificate of authority in this s	tate.		
Effective Date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to dat more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filithis date will not be listed as the document's effective date on the Department of	ng requi	ig or rement	
(Signature of authorized representative) KENNETH JAMES ELLIS (Typed or printed name of signee)	IALLAHASSEE	2029 AUG -7	
	JE STATE JELORIO	AM 10: 33	

Filing Fee: \$25.00