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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

**LLC DISSOLUTION OR WITHDRAWAL
EVOKE CREATE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
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K. SALY

JAN 27 2025

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

EVOKE CREATE, LLC

(Name of limited liability company)

NEW YORK

(Jurisdiction of its organization)

12/6/2019

(Date registered with Florida Department of State)

M19000011647

(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.)

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Melissa Macarelli

(Signature of authorized representative)

MELISSA MACARELLI

(Typed or printed name of signee)

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