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(F	Requestor's Name)	
· · · · · · · (A	Address)	
	Address)	
((City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(1)	Business Entity Name)	
	Document Number)	99999999 <u>.</u>
Certified Copies	Certificates of	Status
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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

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 5/25/21

PRIORITY) Routine

OUR REF_#_(Order_ID#)] Bev

ORDER ENTITY, Matchwell, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:	
Matchwell, LLC	

Please file the attached withdrawal document.

NOTES:

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

\$25.00 Authorized

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.

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Matchwell, LLC		
	(Name of limited liability company)	20
North Carolina		2021 HA
	(Jurisdiction of its organization)	25
03/12/2020		
	(Date registered with Florida Department of State)	S. P. 17.
M2000000294	95	735
	(Florida Document Number)	
more than 90 Note: If the d	re date is listed, the date must be specific and cannot be prior to days after filing.) ate inserted in this block does not meet the applicable statutory not be listed as the document's effective date on the Department	filing requirements,
	(Signature of authorized representative)	
	(Signature of authorized representative)	
	Chris Spencer	
	(Typed or printed name of signee)	

Filing Fee: \$25.00