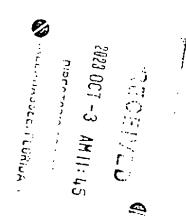
## M200000003220

(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
J DEL.
GET 17 2023
1 8: 26 STAN
E DO COMPANY CONTRACTOR OF THE



500416679295



## **COVER LETTER**

	Registration Division of	n Section Corporations		
SUBJEC	AI.	M Consulting Acquisi	tion LLC	
SOBJEC	•	(Name of Fo	oreign Limited Liability	/ Company)
Dear Sir c	or Madam:			
The enclo	sed withdr	awal and fee(s) are submitt	ed for filing.	
Please ret	urn all corr	espondence concerning thi	s matter to the following	ng:
Dar	niel Mallo	у		
•		(Name of Person)		_
AIN	4 Consul	ing Acquisition LLC		
		(Firm/Company)		_
125	S. Wacke	r Drive Suite 2700		
		(Address)		_
Chi	cago IL 6	0606		
	-	(City/State and Zip Co	de)	_
For furthe	r informati	on concerning this matter,	please call:	
Dan	Malloy		at (312	424-0300
	(Na	me of Person)	(Area Code	& Daytime Telephone Number)
F I P	Division of P.O. Box	on Section of Corporations		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 Fil	ing 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

AIM Co	nsulting Acquisition LLC			
	(Name of limited liability company)			
Delawai	re			
<u> </u>	(Jurisdiction of its organization)			
04/16/2	2017			
	(Date registered with Florida Department of State)			
M2000	00003220			
	(Florida Document Number)		,	
Effective Date, (If an effective more than 90 da Note: If the dat	ability company is withdrawing its certificate of authority in the date of filing:  date is listed, the date must be specific and cannot be prior to ays after filing.)  te inserted in this block does not meet the applicable statutory of be listed as the document's effective date on the Department	(op date of fi	quiren	or nents,
-	Danisl Malloy (Signature of authorized representative)	SEGRETA:	2023 OCT -3	רור
-	Daniel Malloy  (Typed or printed name of signee)	TAP TO AS	-3 AH 8: 26	LED
		. 12	S)	

Filing Fee: \$25.00