

MZ 0000003293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

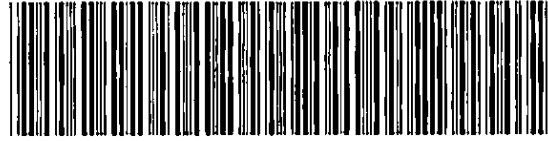
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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2020 DEC 14 AM 8:33

2020 DEC 14 PM 2:14

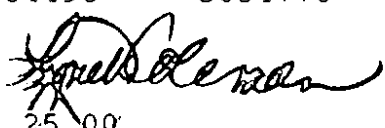
RECEIVED

REGISTRATION DIVISION  
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 564498 5054770

AUTHORIZATION : 

COST LIMIT : \$ 25.00

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ORDER DATE : December 13, 2020

ORDER TIME : 1:23 PM

ORDER NO. : 564498-015

CUSTOMER NO: 5054770  
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FOREIGN FILINGS

NAME: ACANO LLC

\_\_\_\_ CORPORATE  
\_\_\_\_ LIMITED PARTNERSHIP  
XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF STATUS

CONTACT PERSON: Amanda Robinson - EXT#

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ACANO 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:

**ATTN: TAX DEPARTMENT**  
\_\_\_\_\_  
(Name of Person)

CISCO SYSTEMS, INC.  
\_\_\_\_\_  
(Firm/Company)

170 W. TASMAN DRIVE  
\_\_\_\_\_  
(Address)

SAN JOSE, CA 95134  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

TRACEY MASTROPOALO 408 527-4303  
\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(Name of Person) (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:

- \$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**

ACANO LLC

\_\_\_\_\_  
(Name of limited liability company)

DELAWARE

\_\_\_\_\_  
(Jurisdiction of its organization)

MARCH 26, 2020

\_\_\_\_\_  
(Date registered with Florida Department of State)

M20000003293

\_\_\_\_\_  
(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.

1



\_\_\_\_\_  
(Signature of authorized representative)

MARK GORMAN

\_\_\_\_\_  
(Typed or printed name of signee)

2020 DEC 14 AM 8:33

**Filing Fee: \$25.00**