## H20000315

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
J. HORNE		
	SEP 19 2022	





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SECRETARY OF STALLAHASSEE, TITLE

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

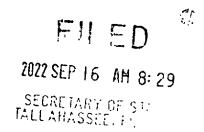
ACCOUNT NO. : I2000000195 REFERENCE : 959776 5054770 AUTHORIZATION COST LIMIT ORDER DATE: September 16, 2022 ORDER TIME : 1:28 PM ORDER NO. : 959776-010 CUSTOMER NO: 5054770 FOREIGN FILINGS NAME: TROPO LLC \_ CORPORATE LIMITED PARTNERSHIP XXX LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY \_\_\_\_\_ CERTIFICATE OF STATUS

EXAMINER:

CONTACT PERSON: Alexxis Weiland - EXT#

## **COVER LETTER**

TO: Registratio Division o	n Section f Corporations		
Tropo SUBJECT:	LLC		
<u></u>	(Name of For	eign Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withd	rawal and fee(s) are submitte	d for filing.	
Please return all cor	respondence concerning this	matter to the followin	g:
Tannalee Kendall			
	(Name of Person)		_
c/o Cisco System	s, Inc., Attn: Legal Departr	nent	
	(Firm/Company)		_
170 West Tasma	n Drive		
	(Address)		_
San Jose, CA 95	134		
	(City/State and Zip Cod	e)	_
For further informat	ion concerning this matter, p	lease call:	
Tannalee Kendall		415 at (	886-5153
(1)	ame of Person)		è Daytime Telephone Number)
Division P.O. Box	ion 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 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

Tropo LLC	
	(Name of limited liability company)
Delaware	
	(Jurisdiction of its organization)
03/27/2020	
	(Date registered with Florida Department of State)
M20000003315	
	(Florida Document Number)
(If an effective more than 90 d <b>Note:</b> If the da	if other than the date of filing:
	(Signature of authorized representative)
	Evan Sloves (Typed or printed name of signee)

Filing Fee: \$25.00