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To:

Division of Corporations

: (850)617-6383 Fax Number

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

LLC DISSOLUTION OR WITHDRAWAL WHYTIME, LLC

Certificate of Status	0
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COVER LETTER

H23000186293

	stration Section ision of Corporations			
erin tezen.	WhyTime, LLC			
SUBJECT:	(Name of Foreign Limited Liability Company)			
Dear Sir or M	Aadam:			
The enclosed	withdrawal and fec(s) are submitted	ed for filing.		
Please return	all correspondence concerning this	s matter to the following:		
	(Name of Person)			
	(Name of Person)			
Capitol Se	ervices - Corporate Filings	Team		
	(Firm/Company)			
515 East	Park Avenue 2nd Fl			
	(Address)			
Tallahass	ee , FL 32301			
	(City/State and Zip Co	ic)		
For further in	aformation concerning this matter, p	olease cail:		
		at (855	498 - 5500	
	(Name of Person)	(Area Code &	Daytime Telephone Number)	
STE	REET/COURIER ADDRESS:	MAIL	ING ADDRESS:	
	endment Section		dment Section	
	ision of Corporations		on of Corporations	
241	Centre of Tallahassee 5 N. Monroe Street, Suite 810 ahassee, FL 32303		Box 6327 assee, FL 32314	
Enclosed is a	a check for the following amount:	:		
S25 Filing	Fee \$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	S60 Filing Fee, Certificate of Status & Certified Copy	

H23000186293

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

WhyTime, LLC	
(Name of limited liability company)	j
Delaware	
(Jurisdiction of its organization)	
October 8, 2020	202
(Date registered with Florida Department of State)	حب
M2000008974	2023 HAY
(Florida Document Number) 77 = 77	9
	7
This limited liability company is withdrawing its certificate of authority in this state. This limited liability company is withdrawing its certificate of authority in this state.	AM 11: 37
Effective Date, if other than the date of filing: (optional)	 ယ
(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.)	7
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.	
(Signature of authorized representative)	
Thomas Carlton	
(Typed or printed name of signee)	

Filing Fee: \$25.00