## 120000011451

(Re	equestor's Name)	<del> </del>		
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(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nar	ne)		
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 891905 7868920 AUTHORIZATION COST LIMIT ORDER DATE : July 2, 2021 ORDER TIME : 1:28 PM ORDER NO. : 891905-015 CUSTOMER NO: 7868920 FOREIGN FILINGS NAME: AM TRACE 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: Eyliena Baker - EXT#

## **COVER LETTER**

TO:	Registration Division of	Section Corporations		
SUBJI		RACE LLC		
3000	cci	(Name of For	eign Limited Liability	Company)
Dear S	ir or Madam:			
The en	closed withdra	awal and fee(s) are submitte	d for filing.	
Please	return all corr	espondence concerning this	matter to the followin	g:
Andre	w Cawood			
		(Name of Person)		_
АМ Т	RACE LLC			
		(Firm/Company)	=	_
161 F	ort Evan Rd	NE, Suite 250		
		(Address)		_
Leest	ourg, VA 2011	76		
		(City/State and Zip Cod	e)	_
For fur	ther information	on concerning this matter, p	lease call:	
Andre	w Cawood		678 at (	537-1386
	(Na	ime of Person)		& Daytime Telephone Number)
	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
Enclos	ed 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

AM TRACE LLC
(Name of limited liability company)
DELAWARE
(Jurisdiction of its organization)
11 DECEMBER 2020
(Date registered with Florida Department of State)
M20000011451
(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:
Cocusigned by:  Authorized Cocusion  (Signature of authorized representative)
Andrew Cawood, Director of Contracts and Admin  (Typed or printed name of signee)
LE 2

Filing Fee: \$25.00