# M20000011829

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(011) 01110 110 110 110
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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### Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953

#### **ORDER FORM**

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com

FROM Melissa Moreau mmoreau@incserv.com 850.656.7953

**REQUEST DATE** 07/16/2024

850-245-6051

**PRIORITY** Routine

OUR REF # (Order ID#) Devon

ORDER ENTITY

**Print Reach Software LLC** 

#### PLEASE PERFORM THE FOLLOWING SERVICES:

Print Reach Software LLC

Please file the attached withdrawal document.

**NOTES:** 

\$25.00 Authorized

#### **RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

f.	rint Reach Software LLC			
	(Name of limited liability company)		_	
Dela	ware			
	(Jurisdiction of its organization)		ورج	
12.22.2020		3		
	(Date registered with Florida Department of State)	AH		•
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	(Florida Document Number)	of s	AH 9	<u> </u>
This limited lia	ability company is withdrawing its certificate of authority in this	SING Figure	9: 44	
Effective Date	, if other than the date of filing:	(op	tional)	
	date is listed, the date must be specific and cannot be prior to datays after filing.)	ite of fil	ing or	
	te inserted in this block does not meet the applicable statutory fil of be listed as the document's effective date on the Department of			
	DocuSigned by:			
	Charles kallenbach			
	(Signature of authorized representative)	···		
	Charles Kallenbach			
	(Typed or printed name of signee)			

Filing Fee: \$25.00