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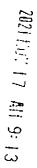


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ALBRITTON



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 250006 7733694

AUTHORIZATION : Signella Ble Man

COST LIMIT : \$ 25.00

ORDER DATE: November 16, 2021

ORDER TIME : 8:36 AM

ORDER NO. : 250006-005

CUSTOMER NO: 7733694

FOREIGN FILINGS

NAME: APAX PARTNERS, 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: Alexxis Weiland - EXT#

EXAMINER:

COVER LETTER

TO:			Section Corporations		
SUBJE	CT۰	Apax F	artners, LLC		
50001,	C1.		(Name of	Foreign Limited Liability	y Company)
Dear Sir	r or N	fadam:			
The enc	losed	withdra	awal and fee(s) are subm	itted for filing.	
Please re	eturn	all corr	espondence concerning t	his matter to the following	ng:
Julia G	Sow	onik			
			(Name of Person)		_
Ropes &	& Gra	ıy LLP			
			(Firn/Company)		-
191 N.	Wacl	er Dr.,	Floor 32		
			(Address)		
Chicago	o, IL	60606			
	•		(City/State and Zip C	Code)	_
For furth	her in	formati	on concerning this matte	r, please call:	
Julia G	Sowe	onik		312 at (845-1304
	•	(Na	ime of Person)	(Area Code	& Daytime Telephone Number)
	Reg Div P.O	ision o	on Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclose	d is a	check	for the following amou	nt:	
≣\$25 F	iling	Fee	S30 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

Apax Parmers, L	LC	2021 1.11 M 9: 1
	(Name of limited liability company)	<u> </u>
Delaware		
	(Jurisdiction of its organization)	=
03/15/2021		ب
	(Date registered with Florida Department of State)	<u> </u>
M21000002948		
	(Florida Document Number)	-
more than 90 d Note: If the da	date is listed, the date must be specific and cannot be prior to date of tays after filing.) te inserted in this block does not meet the applicable statutory filing report be listed as the document's effective date on the Department of States.	quirements,
	Oocusigned by: Hitch Truwit SAFABYB1070A48C (Signature of authorized representative)	
	Mitch Truwit	
	(Typed or printed name of signce)	

Filing Fee: \$25.00