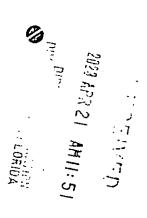
M22000008402

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	<u>-</u>
•	•	
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	





800405824318





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:_	04/21/2023	
Name:	Greg Pintacuda	
Refere	nce #: 1967755	<u> </u>
	Name: FCS	SITES, LLC
	Articles of Incorporation/Authorization	
	Amendment	
	Change of Agent	
	Reinstatement	
	Conversion	
t	Merger	
V	Dissolution/Withdrawal	
F	Fictitious Name	
	Other	
Authori	zed Amount:\$25	
Signatu	ure:	

F: 800.944.6607

COVER LETTER

TO:

Registration Section

Division o	f Corporations				
SUBJECT:	FCS Sites, LLC				
	(Name of Fo	reign Limited Liability C	Company)		
Dear Sir or Madam	:				
The enclosed withd	rawal and fee(s) are submitte	d for filing.			
Please return all cor	rrespondence concerning this	matter to the following:			
Ja	mes Lacey				
	(Name of Person)				
N	orton Rose Fulbright US LLP				
	(Firm/Company)				
	1301 Avenue of the Americas				
	(Address)				
	New York, New York 10019				
	(City/State and Zip Cod	le)			
For further information	tion concerning this matter. p	lease call:			
James La	cey	at (212	318-3189		
(1)	Same of Person)		Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check	c 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

FCS Sites, LLC			
(Name of limited liability company)			_
DELAWARE			
(Jurisdiction of its organization)			_
05/27/2022			
(Date registered with Florida Department of State)			_
M22000008402			
(Florida Document Number)			_
This limited liability company is withdrawing its certificate of authority in this sta	ate.		
Effective Date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing this date will not be listed as the document's effective date on the Department of the status of the date will not be listed as the document's effective date on the Department of the status of the date will not be listed as the document's effective date on the Department of the status of the date will not be listed as the document's effective date on the Department of the date will not be listed as the document's effective date on the Department of the date will not be listed as the document's effective date on the Department of the date will not be listed as the document's effective date on the Department of the date will not be listed as the document's effective date on the Department of the date will not be listed as the document's effective date on the Department of the date will not be listed as the document's effective date on the Department of the date will not be listed as the document's effective date on the Department of the date will not be listed as the document's effective date on the Department of the date will not be listed as the document's effective date on the Department of the date will not be listed as the document's effective date on the Department of the date will not be listed as the document's effective date on the Department of the date will not be listed as the document's effective date on the Department of the date will not be listed as the date will not be listed a	g require	g or ements	
(Signature of authorized representative)	Service PAR	2023 /5 8 2 1	aun au grann
Austin Rees (Typed or printed name of signee)	ASSEE.	PĦ 12: 2	
	끈질	~	

Filing Fee: \$25.00