M2300000 8635

Requestor's Name)	· · · · · · · · · · · · · · · · · · ·
Address)	
Address)	
City/State/Zip/Phone #)	
WAIT	MAIL
Business Entity Name)	
Document Number)	
. Certificates of	Status
illing Officer:	
	Address) Address) City/State/Zip/Phone #) WAIT Business Entity Name) Certificates of

Office Use Only



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

Account#: I20000000088
For any issues please contact

Cheyanne Davis Date:_____08/06/2024 (850) 202-1882 **Cheyanne Davis** Name: _____ 2461621 Reference #: ___ Entity Name: VERTICAL BRIDGE DEVELOPMENT, LLC Articles of Incorporation/Authorization to Transact Business Amendment Change of Agent □ Reinstatement Conversion Merger ✓ Dissolution/Withdrawal Fictitious Name Other

F: 800.944,6607

Authorized Amount:

Signature: _____

Enclosed is a check for the following amount:

□ \$25 Filing Fee □ \$30 Filing Fee &

COVER LETTER

• • • • • • • • • • • • • • • • • • • •		
TO: Registration Section Division of Corporations		
SUBJECT: DATAPATH VERTICAL BRID	OGE II, LLC	
(Name of Foreig	n Limited Liability Company)	
Dear Sir or Madam:		
The enclosed withdrawal and fee(s) are submitted for	or filing.	
Please return all correspondence concerning this ma	tter to the following:	
Daphne Howell		
(Name of Person)		
Vertical Bridge		نون دون چون
(Firm/Company)		•
750 Park of Commerce Drive, Suite 20	0	
(Address)		
Boca Raton, FL 33487		
(City/State and Zip Code)		
For further information concerning this matter, pleas	se call:	
Allison Cannella	at (.561)_948-6367	
(Name of Person)	(Area Code & 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	

S55 Filing Fee &

☐ \$60 Filing Fee.

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Datapath Vertical Bridge II, LLC	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
07/05/2023	
(Date registered with Florida Department of State)	
M23000008635	
(Florida Document Number)	
	optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of more than 90 days after filing.)	filing or
Note: If the date inserted in this block does not meet the applicable statutory filing rethis date will not be listed as the document's effective date on the Department of States.	
Occusigned by: Allison Cannella	2002 F
(Signature of authorized representative)	: }
Allison Cannella	·: 1
(Typed or printed name of signee)	

Filing Fee: \$25.00