M2300013544

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Special Instructions to Filing Officer:		
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RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

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ACCOUNT NO. : I2000000195

REFERENCE : 887559 7532976

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : January 9, 2025

ORDER TIME : 2:26 PM

ORDER NO. : 887559-125

CUSTOMER NO: 7532976

Renge

FOREIGN FILINGS

NAME: LOCUS RECRUITING 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: Amanda Miller - EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section Division of Corporations

Locus Recruiting LLC

SUBJECT:

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(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Janell Nelsen

(Name of Person)

CDW Corporation

(Firm/Company)

200 N. Milwaukee Avenue

(Address)

Vernon Hills, IL 60061

(City/State and Zip Code)

For further information concerning this matter, please call:

371-6090 Janell Nelsen 847 at ()_ (Area Code & Daytime Telephone Number) (Name of Person) Mailing Address: Street Address: **Registration Section Registration Section Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount:

□\$25 Filing Fee	🗆 \$30 Filing Fee &	□\$55 Filing Fee &	🖾 \$60 Filing Fee.
	Certificate of Status	Certified Copy	Certificate of Status &
			Certified Copy

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Locus Recruiting LLC		
· · · · · · · · · · · · · · · · · · ·	(Name of limited liability company)	<u> </u>
Arizona		
	(Jurisdiction of its organization)	
10/20/2023		
	(Date registered with Florida Department of State)	
M23000013544		
	(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: ______ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Hay R. Man

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(Signature of authorized representative)

Hilary R. Malina

(Typed or printed name of signee)