M24000005359

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



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

Account#: 120000000088

If there are any issues please contact Cheyanne at 850-202-1882

Date:	11/18/2024	
Name:	Cheyanne Davis	
Reference #:	2561049	
		ORIAS LLC
Article	s of Incorporation/Authorization	on to Transact Business
Amen	dment	
Chang	ge of Agent	
Reinst	tatement	
☐ Conve	ersion	
Merge	er .	
✓ Dissol	ution/Withdrawal	
☐ Fictitio	ous Name	
✓ Other	PLEASE I	NCLUDE CC UPON FILING
Authorized A	mount: \$55.00	
Signature:	Ohyma Paine	

COVER LETTER

y very end

	Registration Division of	Section Corporations		
SUBJEC	т.		Norias LLC	
NO BULL	'	(Name of Fo	reign Limited Liability	Company)
Dear Sir e	or Madam:			
The enclo	sed withdra	iwal and fee(s) are submitte	d for filing.	
Please ret	urn all corr	espondence concerning this	matter to the followin	g:
		Robert Gayda		
		(Name of Person)		-
		Seward & Kissell LL	P	
		(Firm'Company)		-
	(One Battery Park Pla	za	_
		(Address)		_
		New York, NY 1000	4	
		(City/State and Zip Cod	le)	_
For furthe	r informatic	on concerning this matter, p	lease cail:	
	Ro	bert Gayda	at (<u>212</u>	574-1490
	(Na	me of Person)	(Area Code à	& 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	for the following amount:		
□ \$25 Fil	ing 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

Norias LLC					
(Name of limited liability company)	<u> </u>				
Delevere					
Delaware					
(Jurisdiction of its organization)					
04/25/2024					
(Date registered with Florida Department of State)					
M2400005359					
(Florida Document Number)					
This limited liability company is withdrawing its certificate of authority in this stat	e.				
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 of	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 S	tate's records.				
O := (O)					
awtratelet					
•					
(Signature of authorized representative)					
Remy W. Trafelet					
(Typed or printed name of signee)	<i>∴</i>				
	924 111.00				

Filing Fee: \$25.00

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JANUSCEL FLORIDE