

**STATE OF DELAWARE
CERTIFICATE OF CANCELLATION**

1. The name of the limited liability company is _____

2. The Certificate of Formation of the limited liability company was filed on

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Cancellation this _____ day of _____, A.D. _____.

By: _____
Authorized Person(s)

Name: _____
Print or Type