



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

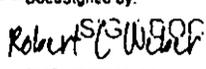
2021 OCT 21 PM 12:04 **STAMP**

FOR SECRETARY OF STATE
 USE ONLY

Certificate of Cancellation
 FOREIGN Limited Liability Company

→ Filing Fee: \$75.00

Pursuant to the provisions of RIGL 7-16-53, the undersigned foreign limited liability company hereby cancels its registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. Entity ID Number: 001658879	2. The name of the limited liability company is: Bowman Systems, LLC
3. It is organized under the laws of: Louisiana	
4. The entity is not transacting business in this state and surrenders its authority to transact business in this state.	
5. It revokes the authority of its agent, to accept service of process and consents that service of process in any action, suit or proceeding arising out of the transaction of business in the state of Rhode Island, may thereafter be made on the limited liability company by service thereof on the Department of State of the State of Rhode Island.	
6. The post office address to which the Department of State may mail a copy of any process against the limited liability company that may be served on him or her is: 11300 Switzer Road, Overland Park, KS 66210	
7. As required by RIGL 7-16-8, the entity has paid all fees and franchise taxes. RI Division of Taxation's ORIGINAL letter of good standing (LOGS) for the purpose of dissolution MUST accompany this form.	
8. Date when the Cancellation will be effective: CHECK ONE BOX ONLY	
<input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____	
<i>Under penalty of perjury, I declare and affirm that I have examined this Certificate of Cancellation of Registration and that all statements contained herein are true and correct.</i>	
Type or Print Name of Authorized Person Robert C. Weber	Date 10/19/2021
Signature of Authorized Person DocuSigned by:  DOCUMENT HERE	

FILED

OCT 21 2021

12:04

13T3H

STAMP

FOR SECRETARY OF STATE
 USE ONLY

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

October 21, 2021 12:04 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

