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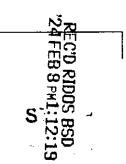


State of Rhode Island
Department of State - Business Services Division

Certificate of Cancellation

FOREIGN Limited Liability Company

→ Filing Fee: \$75.00



Pursuant to the provisions of RIGL <u>7-16-53</u>, 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:	2. The name of the limited liability	company is:
001694669	Advantage Quiverr LLC	
3. It is organized under the	e laws of: Delaware	
4. The entity is not transac	ting business in this state and surrenders	its authority to transact business in this state.
or proceeding arising out of		nd consents that service of process in any action, suit f Rhode Island, may thereafter be made on the limited e State of Rhode Island.
The post office address company that may be service	•	il a copy of any process against the limited liability
Att: Legal Dept. Adva	antage Quiverr 15310 Barranca Pa	kway, Suite 100 Irvine, CA 92618
	pany certifies that it has no outstanding tax nd taxes. [Note: tax status can be verified t	obligations. As required by RIGL <u>7-16-8</u> , the limited by emailing tax.collections@tax.ri.gov.]
8. Date when the Cancella	ation will be effective: CHECK ONE BOX C	<u></u>
Date received (Upon	filina)	
	Date must be no more than 90 days from the	ne date of filing)
Later effective date (I Under penalty of perjury, I	Date must be no more than 90 days from the	ne date of filing)
Later effective date (I Under penalty of perjury, I	Date must be no more than 90 days from the declare and affirm that I have examined the herein are true and correct.	his Certificate of Cancellation of Registration and that
Later effective date (I Under penalty of perjury, I all statements contained I	Date must be no more than 90 days from the declare and affirm that I have examined the therein are true and correct.	his Certificate of Cancellation of Registration and that
Later effective date (I Under penalty of perjury, I all statements contained I Type or Print Name of Authorize	Date must be no more than 90 days from the declare and affirm that I have examined the therein are true and correct.	nis Certificate of Cancellation of Registration and that

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

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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 Gregg M. Amore, Secretary of State

I, GREGG M. AMORE, 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:

February 08, 2024 01:12 PM

Treng M. Course

Gregg M. Amore Secretary of State

