## M0100000275

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
| J. HORNE<br>JUL 25 2022                 |  |  |  |  |
|   |  |  |  |  |

Office Use Only



2022 JUL 22 AH 11: 59

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

CONTACT PERSON: Eyliena Baker - EXT#

Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 828836 7280744 AUTHORIZATION : COST LIMIT : ORDER DATE : July 22, 2022 ORDER TIME : 8:47 AM ORDER NO. : 828836-005 CUSTOMER NO: 7280744 FOREIGN FILINGS NAME: BEL JACKSONVILLE GP 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

EXAMINER: \_

## **COVER LETTER**

| TO: Registration Division o  | on Section<br>f Corporations                 |                                   |   |
|--|--|-----------------------------------|---|
| Bel J<br>SUBJECT:  | acksonville GP LLC                           |                                   |   |
| 30001.   | (Name of Fo                                  | oreign Limited Liability          | y Company)  |
| Dear Sir or Madam  | :  |                                   |   |
| The enclosed withd   | rawal and fee(s) are submitt                 | ed for filing.                    |   |
| Please return all con  | respondence concerning this                  | s matter to the following         | ng:   |
| Jennifer J. Madde  | en   |                                   |   |
|  | (Name of Person)                             |                                   |   |
| Eaton Vance Mar  | nagement                                     |                                   |   |
|  | (Firm/Company)                               |                                   | _   |
| 2 International Pla  | асе  |                                   |   |
|  | (Address)                                    | <del>-</del>                      | _   |
| Boston, MA 0211  | 0  |                                   |   |
|  | (City/State and Zip Coo                      | le)                               | _   |
| For further informat   | ion concerning this matter, p                | olease call:                      |   |
| Jennifer Madden  |  | 617<br>at (                       | 555-8000  |
| (N   | ame of Person)                               |                                   | Daytime Telephone Number)   |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |  |                                   | Street Address:<br>Registration Section<br>Division of Corporations<br>The Centre of Tallahassee<br>2415 N. Monroe Street, Suite 810<br>Tallahassee, FL 32303 |
| Enclosed is a check  | for the following amount:                    |                                   |   |
| □\$25 Filing Fee   | □ \$30 Filing Fee &<br>Certificate of Status | □\$55 Filing Fee & Certified Copy | ☐ \$60 Filing Fee, Certificate of Status & Certified Copy   |

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| BEL JACKSONV                                | ILLE GP LLC   | 2022<br>38<br>541  |
|---|---|--------------------|
|   | (Name of limited liability company)   |                    |
| DELAWARE                                    |   | 22<br>HASS         |
|   | (Jurisdiction of its organization)  | 179 <b>王</b>       |
| January 25, 2001                            |   | 07 ST. 11:59       |
|   | (Date registered with Florida Department of State)  |                    |
| M01000000275                                |   |                    |
|   | (Florida Document Number)   | <del> </del>       |
| more than 90 da<br><b>Note:</b> If the date | late is listed, the date must be specific and cannot be prior to days after filing.) inserted in this block does not meet the applicable statutory fit the listed as the document's effective date on the Department of the listed as the document's effective date on the Department of the listed as the document's effective date on the Department of the listed as the document's effective date on the Department of the listed as the document's effective date on the Department of the listed as the document's effective date on the Department of the listed as the document's effective date on the Department of the listed as the document's effective date on the Department of the listed as the document's effective date on the Department of the listed as the listed as the document's effective date on the Department of the listed as the listed as the listed as the document's effective date on the Department of the listed as the | ling requirements, |
| _   | Jennifer J. Madden (Signature of authorized representative)   |                    |
| j   | ennifer J. Madden, Authorized Signatory   |                    |
| <del></del>                                 | (Typed or printed name of signee)   |                    |

Filing Fee: \$25.00