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(Re	equestor's Name)	
(Ac	ddress)	
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(C	ity/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(B	usiness Entity Name)	
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OCT 18 2015 M. SOLOMON CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : AUTHORIZATION COST LIMIT : \$ 25.00 ORDER DATE : October 17, 2019 ORDER TIME : 3:14 PM ORDER NO. : 014683-005 CUSTOMER NO: 7396281 FOREIGN FILINGS NAME: FL-1221 BRICKELL, L.L.C. _ CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ____ CERTIFIED COPY XX PLAIN STAMPED COPY _____ CERTIFICATE OF STATUS

EXAMINER:

CONTACT PERSON: Kadesha Roberson - EXT#

COVER LETTER

	gistration vision of	section Corporations		
SUBJECT:		BRICKELL, L.L.C.		
3003201.		(Name of Fo	reign Limited Liability (Company)
Dear Sir or	Madam:			
The enclose	d withdra	awal and fee(s) are submitte	ed for filing.	
Please retur	n all corr	espondence concerning this	matter to the following	:
Brittany Co	ovell			
-		(Name of Person)		
Revantage	Corporat	e Services		
		(Firm/Company)		
233 S. Wac	ker Driv	e, Suite 4700		
		(Address)		
Chicago, II	. 60606			
		(City/State and Zip Cod	le)	
For further i	informati	on concerning this matter, p	lease call:	
			at ()
	(N	ime of Person)	(Area Code &	Daytime Telephone Number)
Re	gistration	OURIER ADDRESS: Section Corporations	Regist	ING ADDRESS: ration Section on of Corporations
260		ding tive Center Circle Florida 32301		ox 6327 assee. Florida 32314
Enclosed is	a check	for the following amount:		•
■ \$25 Filin	g Fee	S30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

FL-1221 Brick	ell. L.L.C.	
	(Name of limited liability company)	**
Delaware		***
Delaware		•
	(Jurisdiction of its organization)	
September 22.	2006	•
	(Date registered with Florida Department of State)	
М0600000523	5	J.
	(Florida Document Number)	*
This limited	liability company is withdrawing its certificate of authority in this sta	ite.
Effective Da	te, if other than the date of filing:	_ (optional)
(If an effectiv	we date is listed, the date must be specific and cannot be prior to date days after filing.)	of filing or
	date inserted in this block does not meet the applicable statutory filing	g requirements,
	not be listed as the document's effective date on the Department of S	
	·	
	DocuSigned by:	
	Brittany Covell	_
	4B8D0810DBC3418 (Signature of authorized representative)	
	Brittany Covell	
		_
	(Typed or printed name of signee)	

Filing Fee: \$25.00