MID 00000 2163

| (Requestor's Name) (Address) | | |
|---|---------|--|
| (Address) | 80036 | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | 03/18/2 | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |

Office Use Only



800361972518

03/18/21--01012--018 **25.00

2921 MAR 18 AM 7: 1:8

D BRUCE MAY 19 2021

COVER LETTER

| то: | | tion Section of Corporations | | | |
|---------------|-------------------------------|---|--------------------------------------|---|------|
| SUBJF | | 139 GP, LLC | | | |
| SUBJE | | (Name of Fo | reign Limited Liability | Company) | |
| Dear Si | ir or Mada | m: | | | |
| The end | closed with | ndrawal and fee(s) are submitt | ed for filing. | | |
| Please | return all c | orrespondence concerning this | s matter to the followin | g: | |
| Linda l | Kassof | | | | |
| | | (Name of Person) | · | - | |
| Taurus | Investmen | nt Holdings, LLC | | | |
| | | (Firm/Company) | - | _ | |
| 610 N | Wymore R | d Suite 200 | | | |
| | | (Address) | | _ | 1707 |
| Maitlar | nd, FL 327 | 51 | | | |
| | | (City/State and Zip Co | de) | _ | |
| For fur | ther inforn | nation concerning this matter, | please call: | | |
| Linda I | Kassof | | 407 at (| 539-2310 | |
| | | (Name of Person) | (Area Code & | Daytime Telephone Number) | |
| | Registr Divisio P.O. Bo | Address: ation Section on of Corporations ox 6327 assee, FL 32314 | | Street Address: Registration Section Division of Corporation The Centre of Tallahas: 2415 N. Monroe Street Tallahassee, FL 32303 | sec |
| Enclos | ed is a cho | eck for the following amount | : | | |
| ₹ \$25 | Filing Fee | ☐ \$30 Filing Fee & Certificate of Status | □\$55 Filing Fee & Certified Copy | ☐ \$60 Filing Fee, Certificate of Status & Certified Copy | ė |

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| CD139 GP, LLC |
|--|
| (Name of limited liability company) |
| Delaware |
| (Jurisdiction of its organization) |
| 05/12/2010 |
| (Date registered with Florida Department of State) |
| M10000002163 |
| (Florida Document Number) |
| This limited liability company is withdrawing its certificate of authority in this state. Effective Date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements: this date will not be listed as the document's effective date on the Department of State's records. |
| (Signature of authorized representative) |
| Linda Kassof |
| (Typed or printed name of signee) |

Filing Fee: \$25.00