

M10 00000 2163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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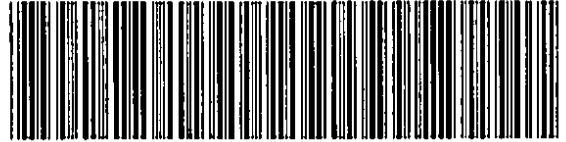
(Business Entity Name)

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D. BRUCE
MAY 19 2021

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)

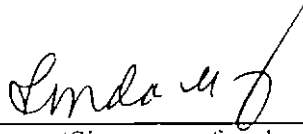
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(Florida Document Number)

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.)

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(Signature of authorized representative)

Linda Kassof

(Typed or printed name of signee)

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DEPARTMENT OF STATE

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