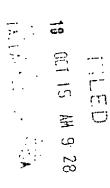
M11000004085

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 429257 7616152 AUTHORIZATION : COST LIMIT : ORDER DATE: October 9, 2018 ORDER TIME : 2:43 PM ORDER NO. : 429257-045 CUSTOMER NO: 7616152 FOREIGN FILINGS NAME: FMW RRI I LLC ___ CORPORATE LIMITED PARTNERSHIP XX 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: Roxanne Turner - EXT#

COVER LETTER

TO: Registration Division of	n Section Corporations		
FMW SUBJECT:	RRI I LLC		
30 0 00001.	(Name of Fo	reign Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withdr	awal and fee(s) are submitte	d for filing.	
Please return all con	respondence concerning this	matter to the following	g :
Teresa Washington			
	(Name of Person)		_
FMW RRI I LLC			
	(Firm/Company)		_
7815 Walton Parkw	ay		
	(Address)		_
New Albany, OH 4	3054		
-	(City/State and Zip Coc	ie)	_
For further informati	ion concerning this matter, p	lease call:	
Teresa Washington		614 at (744-2683
(N	ame of Person)		& Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check	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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

FMW RRI I LLC	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	_ 5
08/16/2011	
(Date registered with Florida Department of State	(e) ×
M11000004085	, 20
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority	ty 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 p more than 90 days after filing.)	orior to date of filing or
Note: If the date inserted in this block does not meet the applicable sta	atutory filing requirements,
this date will not be listed as the document's effective date on the Dep	partment of State's records.
(Signature of authorized representative)	<u> </u>
Andrew Alexander	
(Typed or printed name of signee)	

Filing Fee: \$25.00