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K. SALY MAY 1 9 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 649160 5021613

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE: May 18, 2017

ORDER TIME : 1:0 PM

ORDER NO. : 649160-005

CUSTOMER NO: 5021613

FOREIGN FILINGS

NAME: 337 LINCOLN ROAD 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

CONTACT PERSON: Melissa Zender - EXT#

EXAMINER:

COVER LETTER

TO:			Section Corporations			
SUBJE	CT:	337 [incoln Road	LLC		
DODOE			(Name of Fo	reign Limited Li	ability (Company)
Dear Sir	or M	adam:				
The encl	osed	withdra	wal and fee(s) are submitte	d for filing.		
Please re	eturn a	all corre	spondence concerning this	matter to the fol	lowing	:
Jacqu	elyn	Wern	er			
			(Name of Person)			
c/o We	exfo	rd Ca	oital LP			
<u> </u>			(Firm/Company)			•
411 W	est l	Putna	m Ave Suite 125			
			(Address)			
Green	wich	CT	06830			
			(City/State and Zip Coo	le)		
For furth	er inf	ormatic	n concerning this matter, p	lease call:		•
jwerne	r@v	vexfor	d.com	203	,	862-7000
		(Na	me of Person)	(Area	Code &	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	i is a	check f	or the following amount:			
□ \$25 F	iling l	Fee	☐ \$30 Filing Fee & Certificate of Status	□ \$55 Filing F Certified Co		□ \$60 Filing Fee, Certificate of Status & Certified Copy



NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

337 Lincoln Road LL&
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
April 3, 2017
(Date registered with Florida Department of State)
M17000002819
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
(1000-
(Signature of authorized representative)
Arthur Amron
(Typed or printed name of signee)

Filing Fee: \$25.00