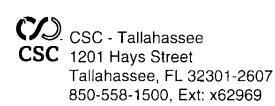
| (F | Requestor's Name) | | | | |
|--------------------------|-------------------------|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP | WAIT MAIL | | | | |
| (E | Business Entity Name) | | | | |
| (Document Number) | | | | | |
| Certified Copies | Certificates of Status | | | | |
| Special Instructions t | to Filing Officer: | | | | |
| | J. HORNE SEP 10 2024 | | | | |

Office Use Only



900433802619

FILED 2024 SEP -9 AH 9: 38



To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext: x62969 Date: 09/09/24 Order #: 1620073-1 Re: Bdsential, Inc.

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

closed please find:
Application for Certificate of Withdrawal
Amount to be deducted from our State Account: \$35.00 - FL State Account Number:

12000000195

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

,

COVER LETTER

| TO: Amendment Section Division of Corpora | |
|--|--|
| SUBJECT: BDSential, Inc. | |
| SOBJECT. | (Name of Corporation) |
| DOCUMENT NUMBER: | E190YYYYY1890 |
| The enclosed withdrawal: | application and fee are submitted for filing. |
| Please return all correspond | dence concerning this matter to the following: |
| | (Name of Person) |
| | (Firm/Company) |
| | (Address) |
| | (City/State and Zip code) |
| For further information con | acerning this matter, please call: |
| (Name of Pe | at () erson) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the | amount: |
| | 75 Filing Fee & \$\Begin{array}{ll} \$43.75 Filing Fee & & \$\Begin{array}{ll} \$52.50 Filing Fee, \\ |
| Mailing Address: Amendment Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323 | tions Division of Corporations The Centre of Tallahassee |

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

| BDSential, Inc. | | | |
|--|---|--|--|
| (Name of Corporation | n) | | |
| F19000001899 | on (if known) sact business/conduct its affairs) | | |
| (Document Number of Corporation | on (if known) | | |
| Delaware - 9/27/2016 | | | |
| (Incorporated Under Laws of and date authorized to tran | sact business/conduct its affairs) | | |
| This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conducting voluntarily surrenders its authority to transact business or conducting voluntarily surrenders. | | | |
| This corporation revokes the authority of its registered agent appoints the Department of State as its agent for service of procetime it was authorized to transact business or conduct affairs in F | ess based on a cause of action arising during the | | |
| The following is a current mailing address for the corporation: | | | |
| 323 Sunny Isles Blvd. Suite 700 | | | |
| (Mailing Address) | | | |
| Sunny Isles Beach, FL 33160 | | | |
| (City/ State /Zip) | NAT 1 | | |
| The corporation agrees to notify the Department of State in the f | uture of any change in its mailing address. | | |
| Dorothy Zavagli | 9/4/2024 | | |
| (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) | (Date) | | |
| Dorothy Zavagli | President | | |
| (Typed or printed name of person signing) | (Title of person signing) | | |

FILING FEE \$35

CSC WD-8760

COVER LETTER

| TO: | Amendment Section Division of Corporation | ons | | | | |
|--------|---|-----------------|-------------------------|--|---|----|
| SHRI | ECT: BDSential, Inc. | | | | | |
| 3000 | | | (Name of 0 | Corporation) | | |
| DOCU | JMENT NUMBER: | F19000001899 | | | | |
| The er | nclosed withdrawal ap | plication and f | ee are subn | nitted for filin | តិ. | |
| Please | return all corresponde | nce concerning | this matter | to the follow | ing: | |
| | | | (Name of | Person) | | |
| | | | (Firm/Coi | npany) | | |
| | | - | (Addre | ess) | | |
| | | (C | ity/State and | d Zip code) | | |
| For fu | rther information conce | rning this matt | er, please c | all: | | |
| | (Name of Pers | on) | at (| (Area Code a | & Daytime Telephone Number) | |
| Enclos | sed is a check for the ar | nount: | | | | |
| | Filing Fee | - | Certified | Copy nal copy is | □ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed | ť. |
| | Mailing Address: Amendment Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314 | | Am Div The 241 | et Address: hendment Sect vision of Corp c Centre of Ta 5 N. Monroe lahassee, FL. | oorations allahassee Street, Suite 810 | |