M0400000 2831

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(Requestor's Name)					
(Address)					
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(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
•					
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SECRETARY OF STATE OF CHICAS THE STATE OF CHICAS THE CONTRACTORS

Louis De wice

JUN 22 2018

COVER LETTER

TO:

	on Section of Corporations			
CRT SUBJECT:	T BM GP LLC			
SUBJECT:	(Name of Fo	reign Limited Liability	Company)	
Dear Sir or Madan	Y.			
The enclosed with	drawal and fee(s) are submitte	d for filing.		
Please return all co	orrespondence concerning this	matter to the following	3:	
Indira Negron				
	(Name of Person)		-	
C/O DRA Adv	risors LLC			
	(Firm/Company)		-	
220 East 42nd	d Street, 27th Floor			
	(Address)		-	9
New York, NY	′ 10017			25 CR
	(City/State and Zip Coc	de)	_	REPARE TO THE STATE OF THE STAT
For further informa	ation concerning this matter, p	dease call:		10000 10000
Indira Negron		212 at (697-4740	98908A110 98.12: 24
(Name of Person)		è Daytime Telephone Number)	3
Registration SectionRegistrationDivision of CorporationsDivisionClifton BuildingP.O. F		LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, Florida 32314		
Enclosed is a chec	ck 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

CRT BM GP LLC		
(Name of limited liability company)		_
Delaware		
(Jurisdiction of its organization)		_
07/16/2004		
(Date registered with Florida Department of State)		_
M0400002831		
(Florida Document Number)		_
This limited liability company is withdrawing its certificate of authority in this state.		
(Signature of authorized representative) Signature of authorized representative) (Signature of authorized representative) (Signature of authorized representative) (Signature of authorized representative) (Signature of authorized representative)	18 JUN 18 58 12: 24	SECRETARY OF STATE SECRETARY OF STATE

Filing Fee: \$25.00