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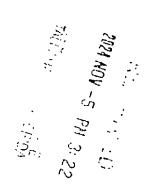
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PICK-UP	WAIT MAIL
(8	usiness Entity Name)
	ocument Number)
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Certified Copies	Certificates of Status
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Special Instructions to Fi	ling Officer:
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To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563
Date: 11/05/24
Order #: 1672016-2
Re: 3400 Congress LLC
Processing Method: Routine



TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal Amount to be deducted from our State Account: \$25.0 - FL State Account Number: 120000000195

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

	gistration vision of	Section Corporations		
CUD IECT		ongress LLC		
SUBJECT		(Name of Fore	eign Limited Liability	Company)
Dear Sir or	Madam:			
The enclose	ed withdra	wal and fee(s) are submitted	I for filing.	
Please retu	m all corre	espondence concerning this	matter to the following	g:
Robyn Tuc	erk, Esq.			
	<u> </u>	(Name of Person)		_
Philips Inte	emational			
	<u> </u>	(Firm/Company)		~
40 Cutter ?	Mill Rd., S	Suite 405		
		(Address)		-
Great Necl	k, NY 110	21		
		(City/State and Zip Code	:)	_
For further	informati	on concerning this matter, p	lease call:	
Robyn Tue	erk		212 at (951-3801
	(Na	ame of Person)		& Daytime Telephone Number)
R D P	ivision o .O. Box	on Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed i	s 2 check	for the following amount:		
宣\$25 Fili	ng F ee	☐ \$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

400 Congress LLC
(Name of limited liability company)
Delaware Company of the Company of t
(Jurisdiction of its organization)
75/2005
(Date registered with Florida Department of State)
105000001765
(Florida Document Number)
ffective Date, if other than the date of filing:
(Signature of authorized representative)
Robyn Tuerk
(Typed or printed name of signee)

WD-10269

Filing Fee: \$25.00