

MO000003897

(Requestor's Name)

(Address)

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(Business Entity Name)

(Document Number)

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**DISSOLUTION** \_\_\_\_\_

1. **BL-MARKETPLACE, LLC**  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

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(CORPORATE NAME AND DOCUMENT #)

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(CORPORATE NAME AND DOCUMENT #)

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**SPECIAL  
INSTRUCTIONS:**

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** **BL-MARKETPLACE, LLC**

(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Christina Lockwood, Paralegal**

(Name of Person)

**Brookline Development Company, LLC**

(Firm/Company)

**227 W. Fayette St., Suite 300**

(Address)

**Syracuse, NY 13202**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Christina Lockwood**

(Name of Person)

at ( **315** ) **295-0819**

(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 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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

**BL-MARKETPLACE, LLC**

(Name of limited liability company)

**DELAWARE**

(Jurisdiction of its organization)

**7/13/2006**

(Date registered with Florida Department of State)

**M06000003897**

(Florida Document Number)

This limited liability company withdrawing its certificate of authority in this state.

**Patrick M. Kilmartin**

Digitally signed by Patrick M. Kilmartin  
DN: cn=Patrick M. Kilmartin, o=ou,  
email=clockwood@brooklinedevelopmart.com, c=US  
Date: 2016.12.06 09:34:00 -0500

(Signature of authorized representative)

**Patrick M. Kilmartin, Asst. Op. Mgr.**

(Typed or printed name of signee)

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**Filing Fee: \$25.00**