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| (Requestor's Name) | |
|---|--------|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT | MAIL |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of | Status |
| Special Instructions to Filing Officer: | |
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| SERVICES | Co Mazal C.U | ORPORATION NAME (S) AND DOCU | MENT NUMBER (|
|---------------------------------------|-----------------|---|---------------|
| - | | ·, | |
| Filing Evidence ⊠ Plain/Confirmation | | Type of Docum ☐ Certificate of Sta | atus 🚝 😉 |
| □ Certified Copy | | □ Certificate of Go | ood Standing |
| | | ☐ Articles Only | FLOR |
| Retrieval Reque | est | □ All Charter Doc Articles & Amer □ Fictitious Name | |
| □ Certified Copy | | □ Other | |
| NEW FILINGS | | AMENDMENTS | |
| Profit | | Amendment |] . |
| Non Profit | | Resignation of RA Officer/Director | |
| Limited Liability | | Change of Registered Agent | |
| Domestication | X | Dissolution/Withdrawal | |
| Other | | Merger | |
| | | | _ |
| OTHER FILINGS | | REGISTRATION/QUALIFICATION | |
| Annual Reports | | Foreign | |
| Fictitious Name | | Limited Liability | |
| Name Reservation | | Reinstatement | |
| Reinstatement | | Trademark | |
| | | Other | |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

| Mazai C.O., LEC |
|---|
| (Name of limited liability company) |
| Delaware |
| (Jurisdiction of its organization) |
| This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state. |
| This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida. |
| 2200 Biscayne Blvd. |
| (Mailing address) |
| Miami, FL 33137 |
| (City/State/Zip) |
| The limited liability company agrees to notify the Department of State in the future of any change in its mailing address. |
| |
| (Signature of member or authorized representative of a member) |
| Shlomo Dachoh, Authorized Rep |
| (Typed or printed name of signee) |

Filing Fee: \$25.00