## M06000006315

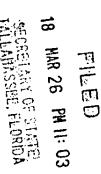
| (Red                                    | questor's Name)   |             |
|---|-------------------|-------------|
| (Add                                    | Iress)            |             |
| . (Ado                                  | lress)            |             |
| (City                                   | //State/Zip/Phone | e #)        |
| PICK-UP                                 | WAIT              | MAIL        |
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O SIMMONS Mar 27 2018

## **COVER LETTER**

| Division of   | Corporations   |                                  |   |
|---|--|----------------------------------|---|
|   | •  |                                  | ·   |
| SUBJECT:  | 226 West !   | 58m St. L                        | LC.   |
|   | 226 West !<br>(Name of Fo  | reign Limited Liability (        | Company)  |
|   |  |                                  |   |
| Dear Sir or Madam:  |  |                                  |   |
| The enclosed withdr                                       | awal and fee(s) are submitte   | ed for filing.                   |   |
| Please return all corr                                    | respondence concerning this  | matter to the following:         |   |
| Laura   | (Name of Person)   |                                  |   |
| 22%   | (Firm/Company)   | x, u.                            |   |
| 1313  | (Address)  | 12 bo                            |   |
| _Arlingt  | (City/State and Zip Coo  | 5 <del>7</del><br>de)            | •   |
| For further informati                                     | on concerning this matter, p   | olease call:                     |   |
| Laera   | Mounta<br>ame of Person)   | at ( <u>57 )</u><br>(Area Code & | 215 - 2836<br>Daytime Telephone Number)                   |
| Registration<br>Division of<br>Clifton Buil<br>2661 Execu | ET/COURIER ADDRESS: ration Section on of Corporations Building Executive Center Circle assee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |                                  | ration Section<br>on of Corporations<br>ox 6327           |
| Enclosed is a check                                       | for the following amount:  |                                  |   |
| \$25 Filing Fee   | □ \$30 Filing Fee &<br>Certificate of Status   | \$55 Filing Fee & Certified Copy | □ \$60 Filing Fee, Certificate of Status & Certified Copy |

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| (Name of limited liability company)  |
|--|
| (Name of limited liability company)  |
| New York (Jurisdiction of its organization)  |
| (Date registered with Florida Department of State)   |
| M0 600006315 (Florida Document Number)   |
| (Fiorial Document (Various)  |
| This limited liability company is withdrawing its certificate of authority in this state.  |
| Effective Date, if other than the date of filing: (optional)   |
| (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements,                                 |
| this date will not be listed as the document's effective date on the Department of State's records.                                  |
| (Signature of authorized representative)   |
|  |
| Laura Nevurty  |
| (Typed or printed name of signes)  |

Filing Fee: \$25.00