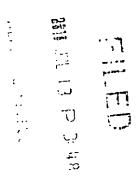
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Office Use Only



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## **COVER LETTER**

Division of	Corporations					
	FF-Lola, LLC					
SUBJECT:	(Name of Fo	reign Limited Liability	Company)		_	
Dear Sir or Madam:						
The enclosed withdra	awal and fee(s) are submitte	d for filing.				
Please return all corre	espondence concerning this	matter to the followin	Ř:			
Colette deLabry, E	sq.					
	(Name of Person)		_			
Goodrich, LLC						
	(Firm/Company)		_			
525 Okeechobee E	Boulevard, Suite 1000			ĵ	TE.	
	(Address)			-	No.	•••
West Palm Beach,	FL 33401			,	فير سد درا	
	(City/State and Zip Coo	le)	_		J	
For further information	on concerning this matter, p	lease call:			्रं स्ट	*4
Michelle Composto		561 at (	459-2660		143	
(Na	ame of Person)		& Daytime Telephone Numb	per)		
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	S55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Statu Certified Copy	ıs &		

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

KWW FF-Lola, LLC	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
October 24, 2007	
(Date registered with Florida Department of State)	
M07000006367	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in th	is state.
Effective Date, if other than the date of filing: July 9, 2018	(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 Departmen	<b>.</b>
	35
1/1/4	Men
A TUTAL	e de la companya de
(Signature of authorized representative)	
	To IT
Kristina Waite Watkins	ال رب
(Typed or printed name of signee)	<del></del> <del></del>

Filing Fee: \$25.00