140800000938

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| ☐ DiCFED® ☐ WAIT ☐ MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer | | | | | |
| | | | | | |
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Office Use Only



300366337483



2021 MAY 17 PH 2: 37

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee FL 32301

Tallahassee, FL 32301 Phone: 850-558-1500

| | | ACCOUNT NO |). : | 1200000 | 000195 | |
|---------|----------|--|-------|--------------|---------|--|
| | | REFERENC | CE : | 814885 | 4319220 | |
| | | AUTHORIZATIO | ON j | ~ ^ | | |
| | | COST LIMI | TAN | U\$ 25,000 | aan | |
| ORDER I | DATE : | May 14, 2021 | | . / | | |
| ORDER 1 | rime : | 8:36 AM | | | | |
| ORDER I | OV. | 814885-005 | | | | |
| CUSTOM | ER NO: | 4319220 | | | | |
| | NAME: | FOREIGN HERO LICENS | | . | | |
| I | LIMITED | re PARTNERSHIP LIABILITY COME AL/CANCELLATION | | | | |
| PLEASE | RETURN | THE FOLLOWING | AS PR | OOF OF F | FILING: | |
| XX | PLAIN | FIED COPY STAMPED COPY FICATE OF STATU | ıs | | | |
| CONTACI | r person | N: Alexxis Wei | land | - EXT# | | |

EXAMINER:

COVER LETTER

| | stration S sion of C | Section orporations | | |
|--|-------------------------|--|-----------------------------------|--|
| SUBJECT: | HERO L | icenseco LLC | | |
| SOBJECT | | (Name of For | eign Limited Liability | Company) |
| Dear Sir or M | ladam: | | | |
| The enclosed | withdraw | val and fee(s) are submitte | d for filing. | |
| Please return | all corres | pondence concerning this | matter to the followin | g: |
| Jill Teich | | | | |
| | | (Name of Person) | | |
| ViacomCBS | Inc. | | | |
| | | (Firm/Company) | | _ |
| 1515 Broady | way | | | |
| | | (Address) | | _ |
| New York, N | Y 1003 | 6 | | |
| | | (City/State and Zip Cod | e) | _ |
| For further inf | formation | concerning this matter, p | lease call: | |
| Elizabeth Lo | ngosz | | 212 at (| 846-7204 |
| | (Nam | e of Person) | (Area Code & | Daytime Telephone Number) |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| Enclosed is a | check fo | r 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 |

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| HERO Licen | seco LLC | |
|--|--|---------------------|
| | (Name of limited liability company) | |
| Delaware | | |
| | (Jurisdiction of its organization) | |
| 02/27/2008 | | |
| | (Date registered with Florida Department of State) | |
| M080000009 | 938 | |
| | (Florida Document Number) | |
| This limited | liability company is withdrawing its certificate of authority in this | s state. |
| (If an effect more than 9 Note: I f the | ate, if other than the date of filing: ive date is listed, the date must be specific and cannot be prior to do 0 days after filing.) date inserted in this block does not meet the applicable statutory f 1 not be listed as the document's effective date on the Department | iling requirements. |
| | Gill F. Teich | |
| | (Signature of authorized representative) | |
| | Jill F. Teich | : |
| | · | |
| | (Typed or printed name of signee) | M 8: 55 |

Filing Fee: \$25.00