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Account#: 120000000088

Date:	08/30/2019	
	Marcel Ogbonna-Amu	
Reference	e #:1114275	
Entity Nar	me: ROSA MEXIC	ANO SOUTH BEACH LLC
☐ Art ☐ Am ☐ Ch. ☐ Re	icles of Incorporation/Authoriza nendment ange of Agent instatement nversion	
	rger	
<u> </u>	ssolution/Withdrawal titious Name	
		rtified Copy of Withdrawal
Authorized	d Amount: \$\\ \$\\ \$\\ \ \ \ \ \ \ \ \ \ \	0

F: +852.2682.9790

## **COVER LETTER**

	on Section of Corporations		
SUBJECT: K	OSA MEXIC (Name of For	ANO SOC eign Limited Liability C	UTH BEACH LL Company)
Dear Sir or Madan	1:		
The enclosed with	drawal and fee(s) are submitted	for filing.	
Please return all co	rrespondence concerning this	matter to the following:	
<u> 10000</u>	E BRACCO (Name of Person)		
ROSA	(FirnyCompany)	COMPANY	- ( <u>)</u> :
264 W	40° 5 TRE45 (Address)		
NEW	YORK, NY, 15 (City/State and Zip Code	0018	
For further informa	tion concerning this matter, ple	ease call:	
JUELLE	BRACCU Name of Person)	at ( 2 \ 2 \ ) (Area Code & l	835 - 1732 Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Registra Division P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, Florida 32314
Enclosed is a chec	s 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

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

ROSA MEXICANO SOUTH BEACH LLC (Name of limited liability company)
(Name of limited flaority company)
Jurisdiction of its organization)
(Julistiction of its organization)
(Date registered with Florida Department of State)
M10000001907
(Florida Document Number)
(Florida Document Number)  This limited liability company is withdrawing its certificate of authority in this state.  Officetive Date, if other than the date of filing:
If an effective date is listed, the date must be specific and cannot be prior to date of filing or
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, his date will not be listed as the document's effective date on the Department of State's records.
Sillin CFO
(Signature of authorized representative)
STEVE WEISSMAN, CFO
(Typed or printed name of signee)

Filing Fee: \$25.00