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(Request	or's Name)
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TALLAHASSEE

O SIMMONS JAN - 3 2020 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

XX LIMITED LIABILITY COMPANY

Phone: 850-558-1500

	ACCOUNT NO.	:	12000000	0195	
	REFERENCE	:	118068	4304851	
	AUTHORIZATION	: (Long to &		
	COST LIMIT	:	\$ 25.00	ena	
ORDER DATE :	December 30, 201	9			
ORDER TIME :	9:35 AM				
ORDER NO. :	118068-005				
CUSTOMER NO:	4304851				
	FOREIGN F	LLII	<u>1GS</u>		
NAME:	BEL CALIBRE H	OLD:	INGS LLC		
CORPORA	TE PARTNERSHIP				
niiiten	LWYINDYDUTL				

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF STATUS

CONTACT PERSON: Kadesha Roberson - EXT#

EXAMINER:

COVER LETTER

Registration Section

TO:

Div	ision of	Corporations				
SUBJECT:	BEL C	ALIBRE HOLDINGS LLC	2			
(Name of Foreign Limited Liability Company)						
Dear Sir or N	Aadam:					
The enclosed	l withdra	wal and fee(s) are submitte	ed for filing.			
Please return	all corre	espondence concerning this	matter to the follo	owing:		
JENNIFER I	MADDE	EN				
		(Name of Person)				
EATON VA	NCE M	ANAGEMENT, REIG				
		(Firm/Company)				
2 INTERNA	TIONA.	L PLACE				
		(Address)				
BOSTON, M	1A 0211	0				
		(City/State and Zip Cod	le)			
For further in	formatic	on concerning this matter, p	lease call:			
JENNIFER M	MADDE	N	617 at ()	672-8010	
· · · · · · · · · · · · · · · · · · ·	(Na	me of Person)		ode & D	aytime Telephone Number)	
Regi Divis Clifto 2661 Talla	stration sion of C on Build Execut ahassee,	Corporations	Ro Di P.	egistra ivision .O. Bo:	NG ADDRESS: tion Section of Corporations x 6327 see, Florida 32314	
■ \$25 Filing	Fee	☐ \$30 Filing Fee & Certificate of Status	S55 Filing Fee Certified Copy		☐ S60 Filing Fee, Certificate of Status & Certified Copy	

NOTICE OF WIT	THDRAWAL OF CERTIFICATE	OF AUTHORITY	
		SECRE TALL	77
BEL CALIBRE HOLDINGS L	LC	TAR AH	
	(Name of limited liability company)	SS. PX	111
			U
DELAWARE		E S 23	
	(Jurisdiction of its organization)	756	
NOVEMBER 17, 2010			
	Date registered with Florida Department of Sta	ite)	
M10000005069	j	,	
	(Florida Document Number)		
	any is withdrawing its certificate of authori		
nore than 90 days after filin Note: If the date inserted in	d, the date must be specific and cannot be p	atutory filing requirements,	
	(Signature authorized representative))	
(Gary LeFave, Authorized Signer	notory	

Filing Fee: \$25.00