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| (Requestor's Name) |
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| (Address) |
| (Address) |
| (Audress) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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S. PRATHEF

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE : 780042 4321791 AUTHORIZATION : Spelle le man COST LIMIT : \$ 25.00 ORDER DATE: June 30, 2022 ORDER TIME : 10:58 AM ORDER NO. : 780042-025 CUSTOMER NO: 4321791 FOREIGN FILINGS NAME: SIMPLY BETTER MANAGEMENT CO.. $_{
m LLC}$ __ CORPORATE _ LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY XX PLAIN STAMPED COPY ____ CERTIFICATE OF STATUS

EXAMINER:

CONTACT PERSON: Eyliena Baker - EXT#

COVER LETTER

| TO: | | on Section of Corporations | | |
|-----------------|----------------------|--|--------------------------------------|--|
| SUBJE | Simp | oly Better Management Co | ., LLC | |
| SUDJE | .CI: | (Name of Fo | reign Limited Liabilit | y Company) |
| Dear Si | ir or Madan | 1: | | |
| The end | closed with | drawal and fee(s) are submitte | ed for filing. | |
| Please | return all co | rrespondence concerning this | s matter to the following | ng: |
| Attn: 0 | General Co | ounsel | | |
| | | (Name of Person) | | _ |
| Relate | d Compan | ies | | |
| | | (Firm/Company) | | - |
| 30 Hud | ison Yards | , 72nd Floor | | |
| | | (Address) | - | |
| New Y | ork, NY 10 | 001 | | |
| | | (City/State and Zip Cod | le) | - |
| For furt | her informa | tion concerning this matter, p | please call: | |
| | | | 212 at (_ | 801-1000 |
| | (1 | Name of Person) | | & Daytime Telephone Number) |
| | Division P.O. Box | ion Section of Corporations | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| Enclose | d is a chect | c for the following amount: | | |
| □\$ 25 F | filing Fee | ☐ \$30 Filing Fee & Certificate of Status | □\$55 Filing Fee & Certified Copy | Certified Conv |

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| Simply Better | r Management Co., LLC | |
|--|--|-----------------|
| | (Name of limited liability company) | |
| Delaware | | |
| | (Jurisdiction of its organization) | |
| 11/29/2010 | | |
| | (Date registered with Florida Department of State) | |
| M1000000511 | 13 | |
| | (Florida Document Number) | |
| Effective Date, (If an effective more than 90 da Note: If the dat | ability company is withdrawing its certificate of authority in this state. c, if other than the date of filing: | g or ements, |
| - | (Signature of authorized representative) | |
| _ | Alexis Kremen, Authorized Person | 4 |
| _ | (Typed or printed name of signee) | ر آ |

Filing Fee: \$25.00

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