(Reque	estor's Name)
(Addre	
<b>Y</b>	
(Addre	ess)
(City/S	State/Zip/Phone #)
, ,	•
PICK-UP	WAIT MAIL
(Busine	ess Entity Name)
(Docur	ment Number)
Certified Copies	Certificates of Status
<del></del>	<del></del>
Special Instructions to Filing C	Officer:
	<i>L'</i> '
	J. HORNE SEP 1 & 2024
	) OF HORNE
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Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	09/17/2024			
Name:	Cheyanne Davis	_		
Reference a	#: <b>2499358</b>	_		
	e: <b>MIAM</b>	FIRST, LLC		
	les of Incorporation/Authorization			
		to Transact Dusiness		
∐ Ame	ndment			
Change of Agent				
☐ Rein	statement			
Conv	version			
☐ Merg	ger			
<b>✓</b> Disso	olution/Withdrawal			
☐ Fictit	ious Name			
☐ Othe	er			
Authorized	Amount: <b>\$25.00</b>			
Signature:	Oryma Paire			

F: +852.2682.9790



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Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	09/17/2024	
Name:	Cheyanne Davis	_
	#:2499358	_
		FIRST, LLC
☐ Artic	cles of Incorporation/Authorization	to Transact Business
Ame	endment	
☐ Cha	nge of Agent	
☐ Rein	nstatement	
Con	version	
☐ Mer	ger	
✓ Diss	olution/Withdrawal	
☐ Ficti	tious Name	
Othe	er	
Authorized	Amount: \$25.00	
Signature:	Oryma Paine	

F: B00.944.6607

Registration Section

# **COVER LETTER**

Division	of Corporations	
SUBJECT:	Miami First, LLC	
	(Name of Limite	ed Liability Company)
The enclosed Art	icles of Dissolution and fec(s) are submitt	ed for filing.
Please return all o	correspondence concerning this matter to t	the following:
	Erica Nav	varro
·	(Nan	ne of Person)
	c/o Greenberg	Traurig LLP
•	(Fim	n/Company)
	77 W. Wacker	Drive, Ste 3100
	()	Address)
	Chicago, IL 606	501
	(City/Stat	te and Zip Code)
For further infort	nation concerning this matter, please call:	
	Erica Navarro	at (312) 978-7395
<del></del>	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check	c for the following amount:	
<b>⊠</b> \$25.00 F	iling Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

## MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Miami First, LLC	
(Name of limited liability company)	
Elavare	
(Jurisdiction of its organization)	
11/24/2010	
(Date registered with Florida Department of State) M10000005187	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this Effective Date, if other than the date of filing:  [If an effective date is listed, the date must be specific and cannot be prior to denote than 90 days after filing.)  Note: If the date inserted in this block does not meet the applicable statutory filhis date will not be listed as the document's effective date on the Department	(optional) late of filing or filing requirements,
Signature of authorized representative)	
Nitin Motwani	
(Typed or printed name of signee)	<del></del>

Filing Fee: \$25.00