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| PICK-UP | WAIT | MAIL | | |
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| Certified Copies | Certificates of | Status | | |
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| Special Instructions to | Filing Officer: | | | |
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Office Use Only



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2021 AUG 10 AM 9: 32 E (

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 951298 8254485

AUTHORIZATION

COST LIMIT

ORDER DATE : August 10, 2021

ORDER TIME : 11:13 AM

ORDER NO. : 951298-010

CUSTOMER NO: 8254485

FOREIGN FILINGS

NAME: NIC 10 BARKLEY PLACE LEASING

LLC

CORPORATE
LIMITED PARTNERSHIP
XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland - EXT#

EXAMINER:

COVER LETTER

| | | Section Corporations | | |
|-------------------|--------------------|----------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: | NIC 10 | BARKLEY PLACE LEA | SING LLC | |
| | | (Name of For | eign Limited Liability | Company) |
| Dear Sir or M | ladam: | | | |
| The enclosed | withdra | iwal and fee(s) are submitte | d for filing. | |
| Please return | all corre | espondence concerning this | matter to the followin | g: |
| JOSE TORI | RES | | | |
| | | (Name of Person) | | _ |
| NEW SENIC | OR INV | ESTMENT GROUP INC | | |
| | •• | (Firm/Company) | | _ |
| 55 WEST 40 | 6TH S1 | REET, SUITE 2204 | | |
| | _ | (Address) | | _ |
| NEW YORK | (, NY 1 | 0036 | | |
| | | (City/State and Zip Cod | e) | _ |
| For further in | formatio | on concerning this matter, p | lease call: | |
| JOSE TORF | RE S | | 646 at (| 969-2069 |
| *** | (Na | me of Person) | | & Daytime Telephone Number) |
| Reg Div P.O | ision c . Box (| on Section of Corporations | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| Enclosed is a | check | 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

| NIC 10 BA | RKLEY PLACE LEASING LLC | |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| | (Name of limited liability company) | |
| DELAWAR | E | |
| | (Jurisdiction of its organization) | |
| OCTOBER | 17, 2013 | |
| | (Date registered with Florida Department of State) | |
| M1300000 | 6697 | |
| | (Florida Document Number) | |
| This limite | ed liability company is withdrawing its certificate of authority in the | nis state. |
| (If an effect more than Note: If th | Date, if other than the date of filing: etive date is listed, the date must be specific and cannot be prior to 90 days after filing.) e date inserted in this block does not meet the applicable statutory fill not be listed as the document's effective date on the Department of | filing requirements. |
| | (Signature of authorized representative) | ZOZI AUG 10 SECRETARY |
| | LORI MARINO, VICE PRESIDENT | |
| | (Typed or printed name of signee) | NY OF STATE |

Filing Fee: \$25.00