From: Kaity Toon

Division of Corporations



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023
Phone: (954)208-0845
Fax Number: (614)573-3996

LLC DISSOLUTION OR WITHDRAWAL METLIFE CB W/A, LLC

Certificate of Status	0		
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AUG 3 0 2022

K. Brumbles

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

MotLate CB_W/A, LLC	
(Name of finited flability company)	
Delaware	
(Jurisdiction of its organization)	
10/24/2013	
(Date registered with Florida Department of State	e)
M13000006754	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authori	ty in this state.
Effective Date, if other than the date of filing:	(optional)
(If an effective date is listed, the date must be specific and cannot be p	rior to date of filing or
more than 90 days after filing.) Note: If the date inscrted in this block does not meet the applicable st	nutory filing requirements.
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(Signature of authorized representative)	PIL 2022 AUG 30 SLOBETABY ALL MHASSI
See attached signature block	
(Typed or printed name of signee)	

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By: MetLife CB W/A, LLC,

a Delaware limited liability company

By: Metropolitan Life Insurance Company, a New York corporation, its sole member

By: MetLife Investment Management, LLC, A Delaware limited liability company,

its investment manager

Name: Thomas Ryan

Title: Authorized Signatory and Mahasing Director