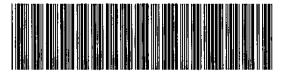
## M1400000 8676

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	<del>:</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

' TO: ' Registration Section

Division of Corporations IR- Pompano Plaza, LLC SUBJECT: (Name of Foreign Limited Liability Company) Dear Sir or Madam: The enclosed withdrawal and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Mukang Cho (Name of Person) Morning Calm Management (Firm/Company) 1641 Worthington Road, Suite 140 (Address) West Palm Beach, FL 33409 (City/State and Zip Code) For further information concerning this matter, please call: Benjamin Mydlarz (Name of Person) (Area Code & Daytime Telephone Number) **MAILING ADDRESS:** STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: 2 \$25 Filing Fee □ \$30 Filing Fee & □ \$55 Filing Fee & □ \$60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

IR- Pompan	o Plaza, LLC
	(Name of limited liability company)
Delaware	
	(Jurisdiction of its organization)
11/6/2014	
	(Date registered with Florida Department of State)
M14000008	076
	(Florida Document Number)
This limited l	iability company is withdrawing its certificate of authority in this state.
	(Signature of authorized representative)
	(Signature of authorized representative)
	Mukang Cho
	(Typed or printed name of signee)

Filing Fee: \$25.00