## 11500000607

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	<del></del>
(C)	ty/State/Zip/Phone #)	
, -	,	
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	of Status
		<del></del>
· <u></u>	_	
Special Instructions to Fili	ng Officer:	
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Office Use Only



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15/2/

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE: 462548 4300123 AUTHORIZATION COST LIMIT ORDER DATE: May 8, 2024 ORDER TIME : 12:06 PM ORDER NO. : 462548-010 CUSTOMER NO: 4300123 FOREIGN FILINGS NAME: 310 PB 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: Amanda Miller - EXT#

## **COVER LETTER**

	egistration S ivision of Co					
CHD te/~	٠.		310 PB LLC			
SUBJECT	;	(Name of For	reign Limited Liability	Company)		
Dear Sir or	Madam;					
The enclos	ed withdraw	al and fee(s) are submitte	ed for filing.			
Please retu	rn all corresp	ondence concerning this	matter to the following	og:		
Lynn Fen	9					
	· <u> </u>	(Name of Person)		_		
L&L Holdi	ng Compan	y, LLC				207 207
(Firm/Company)		_	# (			
142 W. 5	7th Street				1. 1. 1.	Mall 187
		(Address)		<b>-</b>	iše inte me	
New York	t, NY <b>10</b> 019					=
_		(City/State and Zip Cod	e)	_	Fi)	7
For further	information	concerning this matter, p	olease call:			
Lynn Fen	g		212 at (	920-3382		
	(Name	of Person)	(Area Code a	& Daytime Telephone	Number)	<del></del>
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303		ite 810	
Enclosed is	s a check for	the following amount:				
□\$25 Fili	ng Fee [	330 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	□ \$60 Filing Fo Certificate o Certified Co	f Status &	

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Delaware January 23, 20	(Name of limited liability company)  (Jurisdiction of its organization)	
	(Jurisdiction of its organization)	
January 23, 20°	(Jurisdiction of its organization)	
January 23, 201	` '	
	15	
	(Date registered with Florida Department of State)	
M15000000607		
	(Florida Document Number)	
This limited lia	ability company is withdrawing its certificate of authority in t	his state.
Effective Date	if other than the date of filing:	(optional)
	te inserted in this block does not meet the applicable statutory of be listed as the document's effective date on the Departme /s/ David W. Levinson	
		<del></del>
	(Signature of authorized representative)	
	David W. Levinson	26.24. <del>4</del>
	(Typed or printed name of signee)	

Filing Fee: \$25.00

CSC 462548-10