M15000001831

Office Use Only



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Jhs. 19 3.19 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 687930 4301770 AUTHORIZATION (COST LIMIT (ORDER DATE: March 18, 2019 ORDER TIME : 11:47 AM ORDER NO. : 687930-005 CUSTOMER NO: 4301770 FOREIGN FILINGS NAME: BLUHAMMOCK PRODUCTIONS LLC ___ CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX CERTIFIED COPY PLAIN STAMPED COPY __ CERTIFICATE OF STATUS

EXAMINER: __

CONTACT PERSON: Emily Croft - EXT# 62925

COVER LETTER

TO: Registratio Division of	n Section *Corporations		
Bluhai SUBJECT:	nmock Productions LLC		
300000011	(Name of Fore	ign Limited Liabilit	y Company)
Dear Sir or Madam:			
The enclosed withdi	awal and fee(s) are submitted	for filing.	
Please return all cor	respondence concerning this r	natter to the following	ng:
Gerald DeSantis, Es	sq.		
	(Name of Person)		_
Patterson Belknap V	Vebb & Tyler LLP		
	(Firm/Company)		_
1133 Avenue of the	Americas		
	(Address)		_
New York, NY 100	36		
_	(City/State and Zip Code)	
For further informat	ion concerning this matter, ple	ease call:	
Gerald DeSantis		212	336-2450
(N	ame of Person)	at (at (Area Code	& Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check	for the following amount: \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

アートロッ

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Bluhammock Productions LLC		
(Name of limited liability company)		-
New York		
(Jurisdiction of its organization)		-
March 6, 2015		
(Date registered with Florida Department of State)		-
M15000001831		
(Florida Document Number)		-
This limited liability company is withdrawing its certificate of authority in this state.		
Effective Date, if other than the date of filing:(opt	ional)	
(If an effective date is listed, the date must be specific and cannot be prior to date of filimore than 90 days after filing.)	ing or	
Note: If the date inserted in this block does not meet the applicable statutory filing requithis date will not be listed as the document's effective date on the Department of State's		
_	, , , , , , , , , , , , , , , , , , , ,	
	53.	5

(Typed or printed name of signee)

Jaylaan Ahmad-Llewellyn, Manager

(Signature of authorized representative)

Filing Fee: \$25.00