

(!	Requestor's Name)		
	Address)		
,,			
(,	Address)		
{!	City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL	
(Business Enlity Name)		
(Document Number)		
Copies	Certificates of	Status	
Instructions to F	iling Officer:		
	Luc		
	J. HOI	ŀ	
MAY - 3 2023			

Office Use Only



CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

__ CERTIFICATE OF STATUS

CONTACT PERSON: Eyliena Baker - EXT#

Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 714616 AUTHORIZATION COST LIMIT : \$ 25-00 ORDER DATE: May 2, 2023 ORDER TIME : 1:43 PM ORDER NO. : 714616-020 CUSTOMER NO: 8060509 FOREIGN FILINGS NAME: MATTO MIDWAY INVESTMENTS, 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

EXAMINER:

2023 HAY -2 AM 9:1 SECRETARY : 1Y TALLAHASSEE: IT

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Matto Midway Investments, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
January 7, 2016
(Date registered with Florida Department of State)
M16000000155
(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:
(Signature of authorized representative) Ricardo Caporal
(Typed or printed name of signee)

Filing Fee: \$25.00

COVER LETTER

TO: Registration Division o	on Section f Corporations		
Mat SUBJECT:	to Midway Investments, L	LC	
SUBJECT:	(Name of Fo	reign Limited Liability	y Company)
Dear Sir or Madam	:		
The enclosed withd	rawal and fee(s) are submitte	ed for filing.	
Please return all con	respondence concerning this	s matter to the following	ng:
Ricardo Caporal			
	(Name of Person)		_
c/o TCG Advisors	Corp		
(Firm/Company)		_	
1100 Brickell Bay	Dr #310308		
	(Address)		_
Miami, FL 33231			
	(City/State and Zip Coo	le)	_
For further informat	ion concerning this matter, p	olease call:	
Yanine Moreira		305 at (621-9607 ext 1007
(N	ame of Person)	(Area Code	Daytime Telephone Number)
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 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