

MIL000002192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

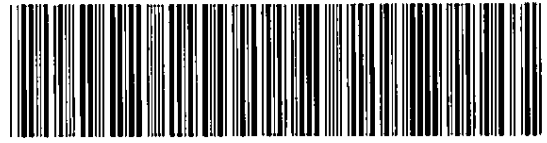
(Business Entity Name)

(Document Number)

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K. SALY  
NOV - 2 2017

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

ACCOUNT NO. : I20000000195  
REFERENCE : 892832 4320946  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 25.00

ORDER DATE : November 1, 2017  
ORDER TIME : 11:43 AM  
ORDER NO. : 892832-010  
CUSTOMER NO: 4320946

FOREIGN FILINGS

NAME: 19400 COCHRAN BOULEVARD  
HOLDINGS, LLC

CORPORATE  
 LIMITED PARTNERSHIP  
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
 PLAIN STAMPED COPY  
 CERTIFICATE OF STATUS

CONTACT PERSON: Roxanne Turner - EXT#

EXAMINER: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

19400 Cochran Boulevard Holdings, LLC  
\_\_\_\_\_  
(Name of limited liability company)

Maryland  
\_\_\_\_\_  
(Jurisdiction of its organization)

03/15/2016  
\_\_\_\_\_  
(Date registered with Florida Department of State)

M16000002192  
\_\_\_\_\_  
(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: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Sharmila Das*  
\_\_\_\_\_  
(Signature of authorized representative)

Sharmila Das  
\_\_\_\_\_  
(Typed or printed name of signee)