M1600006137

(Requestor's Name)
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CT CORP

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Date:	1/19/2018			
		T. 120160000072	_	4:1.
Name:	Fridababy Ultima	ate Holdings, LLC		
Document #:				
Order #:	10802154			
Certified Copy of Arts & Amend:				
Plain Copy:				
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Apostille/Notarial Certification:		Country of Destination: Number of Certs:		
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		Thank you!		

COVER LETTER

TO:		stration S sion of C	ection orporations		
SUBJEC	"Τ.	FridaBab	y Ultimate Holdings, LLC		
SUBJEC	J I		(Name of For	eign Limited Liability C	Conspany)
Dear Sir	or M	iadam:			
The encl	osed	withdraw	al and fee(s) are submitted	d for filing.	
Please re	turn	all corres	pordence concerning this	matter to the following:	
			(Name of Person)		
			(Name Of Forson)		
			(Firm/Company)		
			(Address)		
			(City/State and Zip Cod	е)	
For furth	ner in	formation	concerning this matter, p	lcase call:	
				at ()
		(Nan	ne of Person)	(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			
Enclose	d is a	check fo	or the following amount:		
□ \$25 F	iling	Fce	S30 Filing Fee & Certificate of Status	☐ \$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

FridaBaby Ultimate Holdings, LLC	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
08/02/2016	
(Date registered with Florida Department of State)	
M16000006137	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this st	ate.
Effective Date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filir this date will not be listed as the document's effective date on the Department of	ng requirements,
May	18 1 ALL
(Signature of authorized representative)	JAN 19
Matt Perelman	
(Typed or printed name of signee)	AM 7: 47

Filing Fee: \$25.00