## M1000008910

(Requestor's Name)	<u>.                                    </u>
(Address)	
(Address)	
(Čity/ <b>Štate/Zip/</b> Phone	e #)
PICK-UP WAIT	MAIL
(Business Entity Nan	ne)
(Document Number)	
Copies Certificat	es of Status
Instructions to Filing Officer:	J. HORNE MAY - 3 2023
	•

Office Use Only



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2023 MAY -2 AN O SECRETARY!

2028 HAY -- 2 PH 3: 20

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

ACCOUNT NO. : 12000000195				
REFERENCE : 714616 8060509				
AUTHORIZATION:				
COST LIMIT : \$/25.00				
ORDER DATE : May 2, 2023				
ORDER TIME : 1:45 PM				
ORDER NO. : 714616-050				
CUSTOMER NO: 8060509				
FOREIGN FILINGS				
NAME: MGL MF RE HOLDCO, LLC				
CORPORATE LIMITED PARTNERSHIP XXX 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: Eyliena Baker - EXT#

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

MGL MF RE HoldCo, LLC	
(Name of limited liability company)	_
Delaware	
(Jurisdiction of its organization)	
November 7, 2016	
(Date registered with Florida Department of State)	
M16000008910	
(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:	
Note: If the date inserted in this block does not meet the applicable statutory filing requirement his date will not be listed as the document's effective date on the Department of State's record	
(Signature of authorized representative)	
Ricardo Caporal	
(Typed or printed name of signee)	

Filing Fee: \$25.00

## **COVER LETTER**

	tion Section of Corporations				
	GL MF RE HoldCo, LLC				
SUBJECT:(Name of Foreign Limited Liability Company)					
Dear Sir or Mada	m:				
The enclosed wit	hdrawal and fee(s) are submitte	ed for filing.			
Please return all o	correspondence concerning this	s matter to the followin	g:		
Ricardo Capora	al				
	(Name of Person)	<del></del>	_		
c/a TCG Advise	ors Corp				
	(Firm/Company)	<u></u>	_		
1100 Brickell B	ay Dr #310308				
<del></del>	(Address)	-	_		
Miami, FL 3323	1				
<del></del>	(City/State and Zip Coo	le)	_		
For further inform	nation concerning this matter, p	olease call:			
Yanine Moreira	1	305 at (	621-9607 ext 1007		
	(Name of Person)	(Area Code &	© Daytime Telephone Number)		
Registr Divisio P.O. Bo	Address: ation Section n of Corporations ox 6327 ssec, 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 che	ck for the following amount:				
□\$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fec. Certificate of Status & Certified Copy		