M16000010345

(Reque	stor's Name)	
(Addres	ss)	
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(Addre	55)	
(City/Si	ate/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Name)
(Docur	nent Number)	
Certified Copies	Certificates o	f Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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SECNETION OF STATE
TALLAHASSEE, FLORIDA

NOV 30 2018 S. YOUNG

COVER LETTER

TO:

Registration Section

Division of	[*] Corporations					
SUBJECT:	Cross The BOO (Name of Fo	vd Real Est reign Limited Liability	<u> </u>	,) L	C	
Dear Sir or Madam:						
The enclosed withdr	rawal and fee(s) are submitte	ed for tiling.				
Please return all cor	respondence concerning this	matter to the following	:			
Ros	(Name of Person)		-			
	(Firm/Company)		-	Ž ≅	<u></u>	
13894 Mon	ter Drive		-	CRETAVI	NOV 19	
Semir	City/State and Zip Coo	76 le)	<u>.</u>	er Florida Er Florida	PH 6: 37	D
For further informat	ion concerning this matter, p	lease cail:		·	·	
Rose	Beroit (ame of Person)	at (at () <u>278-350 0</u> Daytime Telephone Number)		
Registration Division of Clifton Bui 2661 Exect	Corporations	Regist Divisi P.O. E	ING ADDRESS: ration Section on of Corporations Box 6327 rassee, Florida 32314			
Enclosed is a check	for the following amount:					
S25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	☐ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy	હ		

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Across The Board Real Estate Solut (Name of limited liability company)	Mons, LLC
(Name of limited liability company)	·
Mevada (Jurisdiction of its organization)	
(Jurisdiction of its organization)	
Dec 23, 2016 (Date registered with Florida Department of State)	
(Date registered with Florida Department of State)	
M 160000 10345	
(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 and the control of the second seco	ate of filing or
more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory fil	lino requirements
this date will not be listed as the document's effective date on the Department	
(Signature of authorized representative)	
(Signature of authorized representative)	
	≥ ≤ 3
Kose Benoit	
(Typed or printed name of signee)	HAS T
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Filing Fee: \$25.00