## M11000004210

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Consideration As Filing Officer				
Special Instructions to Filing Officer:				

Office Use Only



800408391958

RECEIVED

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

ACCOUNT NO. : I2000000195				
REFERENCE : 777.631 7833946				
AUTHORIZATION: Symbolical				
COST LIMIT : \$ 25.00				
ORDER DATE: May 30, 2023				
ORDER TIME : 9:20 AM				
ORDER NO. : 777631-020				
CUSTOMER NO: 7833946				
FOREIGN FILINGS				
NAME: M-1395 BRICKELL AM, 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  CERTIFICATE OF STATUS				

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

CONTACT PERSON: Eyliena Baker - EXT#

## **COVER LETTER**

TO: Registration Of Division of Control of C	on Section f Corporations		
M-13 SUBJECT:	95 Brickell AM, LLC		
SUBJECT:	(Name of Fo	reign Limited Liability	Company)
Dear Sir or Madam	:		
The enclosed withd	rawal and fee(s) are submitte	ed for filing.	
Please return all con	respondence concerning this	matter to the followin	តិ:
Jordan Komberg			
	(Name of Person)		_
MC Manager, LLC	:		
	(Firm/Company)		_
2601 S. Bayshore I	Or, Ste. 850		
	(Address)	<del> </del>	_
Miami, FL 33133			
	(City/State and Zip Coo	le)	_
For further informa	tion concerning this matter, p	olease call:	
Carol Nazarkewich		305 at (	531-2426
()	Same 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	k 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

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

M-1395 BRICKELI	, AM, LLC	
	(Name of limited liability company)	
DELAWARE		
,_,_	(Jurisdiction of its organization)	
5/17/2017		
	(Date registered with Florida Department of State)	
M17000004210		
	(Florida Document Number)	
(If an effective da more than 90 day <b>Note:</b> If the date	other than the date of filing:  ate is listed, the date must be specific and cannot be prior to destafter filing.)  inserted in this block does not meet the applicable statutory for the be listed as the document's effective date on the Department	iling requirements.
_(	Docusigned by:	
Jo	rdan Kornberg, Authorized Signatory	
	(Typed or printed name of signee)	