## M17000004688

| (Re                   | questor's Name)       |             |
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| PICK-UP               | WAIT                  | MAIL        |
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| (B)                   | isiness Entity Name)  | <del></del> |
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| <u>-</u>              |                       |             |
| (Do                   | ocument Number)       |             |
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| Copies                | Certificates          | of Status   |
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| Instructions to Filin | ng Officer.           |             |
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Office Use Only



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Withdrawal

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CORPORATION SERVICE COMPANY 1201 Hays Street

CONTACT PERSON: Eyliena Baker - EXT#

Tallahassee, FL 32301 Phone: 850-558-1500

| oc. 030 230 1300                                 |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
| ACCOUNT NO. : I2000000195                        |  |  |  |  |
| REFERENCE : 714616 8060509                       |  |  |  |  |
| AUTHORIZATION: SANTORE                           |  |  |  |  |
| COST LIMIT : \$ 25.00                            |  |  |  |  |
| ORDER DATE : May 2, 2023                         |  |  |  |  |
| ORDER TIME : 1:44 PM                             |  |  |  |  |
| ORDER NO. : 714616-030                           |  |  |  |  |
| CUSTOMER NO: 8060509                             |  |  |  |  |
|  |  |  |  |  |
| FOREIGN FILINGS                                  |  |  |  |  |
|  |  |  |  |  |
| NAME: MGL MF CIRCUM, 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:

## **COVER LETTER**

|                         | on Section<br>of Corporations                |                                      |  |
|-------------------------|--|--------------------------------------|--|
| MG<br>SUBJECT:          | L MF Circum, LLC                             |                                      |  |
| SOBJECT:                | (Name of Fo                                  | reign Limited Liability              | y Company)   |
| Dear Sir or Madam       | ı:   |                                      |  |
| The enclosed withd      | Irawal and fee(s) are submitt                | ed for filing.                       |  |
| Please return all co    | rrespondence concerning thi                  | s matter to the following            | ng:  |
| Ricardo Caporal         |  |                                      |  |
|                         | (Name of Person)                             |                                      | _  |
| c/o TCG Advisors        | s Corp                                       |                                      |  |
|                         | (Firm/Company)                               |                                      | _  |
| 1100 Brickell Bay       | Dr #310308                                   |                                      |  |
|                         | (Address)                                    |                                      | <del></del>  |
| Miami, FL 33231         |  |                                      |  |
|                         | (City/State and Zip Coo                      | de)                                  | -  |
| For further information | tion concerning this matter, p               | please call:                         |  |
| Yanine Moreira          |  | 305<br>at {                          | 621-9607 ext 1007  |
| (5                      | lame of Person)                              | (Area Code à                         | & Daytime Telephone Number)  |
| Division<br>P.O. Box    | ion Section of Corporations                  |                                      | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| Enclosed is a check     | for the following amount:                    |                                      |  |
| □\$25 Filling Fee       | ☐ \$30 Filing Fee &<br>Certificate of Status | □\$55 Filing Fee &<br>Certified Copy | ☐ \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy  |

FILED 2023 MAY -2 AM 10: 22 2023 MAY -2 AM 10: 22

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| MGL MF Circum, LLC                                 |
|--|
| (Name of limited liability company)                |
| Delaware   |
| (Jurisdiction of its organization)                 |
| June 1, 2017                                       |
| (Date registered with Florida Department of State) |
| M17000004688                                       |
| (Florida Document Number)                          |
| Effective Date, if other than the date of filing:  |
| (Signature of authorized representative)           |
| Ricardo Caporal                                    |
| (Typed or printed name of signee)                  |

Filing Fee: \$25.00