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SCORE PAY OF STATE

FILED

## **COVER LETTER**

FO: Registration Division of	i Section Corporations		
	Florida LLC		
SUBJECT:	(Name of For	eign Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withdr	awal and fee(s) are submitted	d for filing.	
Please return all corr	espondence concerning this	matter to the followin	g:
Allison Overgaard			
	(Name of Person)	<del>, , , , , , , , , , , , , , , , , , , </del>	_
Cadwalader, Wick	ersham & Taft LLP		
	(Firm/Company)	<del></del>	_
200 Liberty Street			
	(Address)		-
New York, NY 102	281		
	(City/State and Zip Code	<u>-</u>	_
For further informati	on concerning this matter, p	lease call:	
Allison Overgaard		212 at (	993-4405
(%	ame of Person)		E Daytime Telephone Number)
Division of P.O. Box	on 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 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

• • • • •

MHL Florida LLC	
(Name of limited liability company)	_
Delaware	
(Jurisdiction of its organization)	
08/21/2017	
(Date registered with Florida Department of State)	_
M17000007155	
(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:	
(Signature of authorized representative)  Joseph V. Gatti, Vice President and Secretary  (Typed or printed name of signee)	

Filing Fee: \$25.00