

M17000008485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

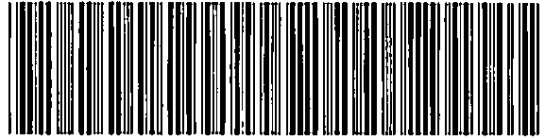
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300408987333

FILED
2023 MAY 19 PM 12:27
CLERK OF STATE
TALLAHASSEE, FL



2023 MAY 19 PM 2:47
CLERK OF STATE
TALLAHASSEE, FL

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 5/19/2023

PRIORITY Regular Approval

OUR REF. # (Order ID#) 1150136

ORDER ENTITY
MELAF FL LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

MELAF FL LLC (FL)

File the attached withdrawal document

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written in a cursive style.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MELAF FL LLC

(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thibault Adrien

(Name of Person)

LAFAYETTE RE, LLC

(Firm/Company)

853 BROADWAY FL 5

(Address)

NEW YORK, NY 10003

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person)

at (_____) _____

(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 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

MELAF FL LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

10/20/2017

(Date registered with Florida Department of State)

M17000008985

(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 of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

DocuSigned by:

Thibault Adrien

0002311A9C07403

(Signature of authorized representative)

Thibault Adrien

(Typed or printed name of signee)

FILED
2023 OCT 19 PM 12:27
DEPT. OF STATE
TALLAHASSEE, FL

Filing Fee: \$25.00