

12/3/2020

Division of Corporations

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Florida Department of State

Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850)521-0821  
Fax Number : (850)558-1515

LLC DISSOLUTION OR WITHDRAWAL  
BEL BISCAVNE II, LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Bel Biscayne II, 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.

Saabra Jade

(Name of Person)

Morrison & Foerster

(Firm/Company)

755 Page Mill Road

(Address)

Palo Alto, CA 94304

(City/State and Zip Code)

For further information concerning this matter, please call.

Saabra Jade

650 813-4078  
at ( )

(Name 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 for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---|---|--|--|

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## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

BEL BISCAYNE II, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

October 24, 2017

(Date registered with Florida Department of State)

M17000009081

(Florida Document Number)

2020 DEC -3 AM 11:16

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.

*Jennifer J. Madden*

(Signature of authorized representative)

Jennifer J. Madden

(Typed or printed name of signee)

Filing Fee: \$25.00

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