M18 000 000 672

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only) States E.p. Mone in
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Codified Codies Codification of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300356805343

01/04/21--01009--025 **25.00



COVER LETTER

	egistration S vision of Co				
cupiece	NP153, 1	LC			
SUBJECT	<u> </u>	(Name of For	eign Limited Liability	Сотрапу)	
Dear Sir or	Madam:				
The enclose	ed withdraw	al and fee(s) are submitte	d for filing.		
Please retur	rn all corres	pondence concerning this	matter to the followin	g:	
Brian News	man				
		(Name of Person)		_	202 SE
c/o Shelvin	ng Rock, Li	c		2021 JAN -4 PH 3: 17 SECRETARY OF STATE TALLARY SEE. FL	
		(Firm/Company)		_	
601 Bricke	ll Key Driv	e, Ste 700			F STA
		(Address)		_	
Miami, FL	33131				
		(City/State and Zip Cod	c)	-	
For further	information	concerning this matter, p	lease call:		
John Weiss	S		203 at (993-6224	
	(Nam	e of Person)		& Daytime Telephone	Number)
Re Di P.	O. Box 63	Section Corporations		Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations l'allahassee e Street, Suite 810
Enclosed is	s a check fo	r the following amount:			
■\$25 Filir	ng Fee	□ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing For Certificate of Certified Co	of Status &

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

NP153, LLC			
	(Name of limited liability company)		
Delaware			
	(Jurisdiction of its organization)		
01/22/2018			
(Date re	egistered with Florida Department of State)	- S 23	
M18000000672		2021 JAN -4 SECRETAR TALLAHA	- Tr
	(Florida Document Number)	A	
			(
• • •	s withdrawing its certificate of authority in this s	State: TO	
Effective Date, if other than the	date of filing: December 31, 2020	Coptional	
(If an effective date is listed, the more than 90 days after filing.)	date must be specific and cannot be prior to date		
	block does not meet the applicable statutory fili	ing requirem	ents.
this date will not be listed as the	document's effective date on the Department o	f State's reco	ords.
			
(3	Signature of authorized representative)		
Brian Newman			
	(Typed or printed name of signes)		

Filing Fee: \$25.00