M18000002607

(Red	questor's Name)			
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(City	//State/Zip/Phon	e #)		
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COVER LETTER

TO:	Registratio	n Section			
		Corporations		•	4
		·		•	
etta i	NP181	, LLC			
SUBJ	ECT:	(Name of For	eign Limited Liability	Company)	
Dear S	Sir or Madam:				
The e	naloced withdr	awal and fee(s) are submitte	d for filing		
i ne e	neiosea williai	awai and ice(s) are sublimite	u ioi tiling.		
Please	e return all con	respondence concerning this	matter to the followin	g:	
Brian	Newman				
	<u>u</u>	(Name of Person)		_	
c/o Sł	nelving Rock,	LLC			
		(Firm/Company)		one.	
		(rimvCompany)			
(01 B	adaladi v to	. C. 700			
901 B	Brickell Key Di	r., Ste 700		_	
		(Address)		_	
Miam	ni, FL 33131				
	=	(CirclCrute and Zin Cod		_	
		(City/State and Zip Cod	е)		
Ear fi	ethan informat	ion concerning this matter, p	leeve eell.		
roi iu	irther amorniat	ion concerning this matter, p	lease call.		
John '	Weiss		203	993-6224	
-	(N	ame of Person)	at ((Area Code &	Daytime Telephone Number)	
				•	
	Mailing Ac	ldress:		Street Address:	
	Registrati	on Section		Registration Section	
	Division	of Corporations		Division of Corporations	
	P.O. Box	6327		The Centre of Tallahassee	•
	Tallahass	ee, FL 32314		2415 N. Monroe Street, S	uite 810
				Tallahassee, FL 32303	
Knolo	ead is a shoot	for the following amounts			
r.uci0	scu is a check	for the following amount:			
\$2 :	5 Filing Fee	☐ \$30 Filing Fee &	□\$55 Filing Fee &	☐ \$60 Filing Fee,	
		Certificate of Status	Certified Copy	Certificate of Status & Certified Conv	

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

NP181, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
03/15/2018
(Date registered with Florida Department of State)
M18000002607
(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.
uns date will not be listed as the document's effective date on the Department of State's records.
(Signature of authorized representative)
Brian Newman
(Typed or printed name of signee)

Filing Fee: \$25.00