# M18000004990

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2025 HAY -1 PH 1: 14

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## **CT CORP**

. . . . . .

Date:

#### (850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

05/01/2025

		Acc#I20160000072	a.c.v.
Name:	Topgolf Medi	a, LLC	
Document #:	5		
Order #:	16278606		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
Apostille/Notarial Certification:		Country of Destination:  Number of Certs:	
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Thank you!

## **COVER LETTER**

TO: Registration S Division of C				
Topgolf SUBJECT:	Media, LLC			
30b/EC1	(Name of Fore	ign Limited Liabi	lity Comp	any)
Dear Sir or Madam:				
The enclosed withdray	wal and fee(s) are submitted	for filing.		
Please return all corre	spondence concerning this n	natter to the follo	wing:	
Cheree Goodall				
	(Name of Person)			
Top Golf				
	(Firm/Company)			
8750 N Central Expy				
	(Address)			
Dallas, TX 75231				
	(City/State and Zip Code	:)		
For further information	on concerning this matter, pl	ease call:		
Cheree Goodall		214 at (	50	1-5052
(Na	me of Person)	(Area C	ode & Day	time Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		on Section f Corporations 5327
Enclosed is a check	for the following amount:			
☐ \$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	S55 Filing For Certified Con		\$60 Filing Fee, Certificate of Status & Certified Copy

# NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Topgolf Media, L	LC	202 202
	(Name of limited liability company)	2025 HAY
Delaware		1 X 2
<u></u>	(Jurisdiction of its organization)	E
05/23/2018		
M18000004990	(Date registered with Florida Department of State)	: 14 DRIDA
	(Florida Document Number)	
This limited li	ability company is withdrawing its certificate of authority in this	s state.
Effective Date	(optional)	
(If an effective more than 90 c	Upon Filling to date is listed, the date must be specific and cannot be prior to days after filing.) the inserted in this block does not meet the applicable statutory for the listed as the document's effective date on the Department	filing requirements,
	(Signature of authorized representative)	<del></del>
	SUSANA AREVALO, AUTHORIZED PERSON	
	(Typed or printed name of signee)	

Filing Fee: \$25.00