## M18000010097

	lin
(Requestor's Name)	
(Address)	1111
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





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Milhdrawal

MAY 1 2 2020 I ALBRITTON

## **COVER LETTER**

TO:		tration Section ion of Corporat	ions			`
cubic		OCB Boating, I	.I.C			•
SUBJE	CI: _		(Name of For	reign Limited Lial	bility Co	ompany)
Dear Sii	r or M	ıdam:				
The enc	losed	withdrawal and	fec(s) are submitte	d for filing.		
Please r	eturn a	II corresponder	nce concerning this	matter to the follo	owing:	
Paul Sc	zepan:	ski				
		(N	ame of Person)			
Bloom	Otfice	, LLC				
	_	(Fi	rm/Company)			
310 Soi	uth Str	eet, 2nd Floor				
		(A	ddress)			
Morrist	town. l	VJ 07960				
		(C	ty/State and Zip Cod	le)		
For furt	her inf	ormation conce	rning this matter, p	lease call:		
Paul Sc	zepan	ski		973 at (	,	682-2698
		(Name of Pe	rson)		Code & E	Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clitton Building 2661 Executive Center Circle Tallahassee, Florida 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclose	ed is a	check for the f	ollowing amount:			
■ \$25 F	Filing		Filing Fee & rtificate of Status	☐ \$55 Filing Fe Certified Cop		☐ \$60 Filing Fee, Certificate of Status & Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

DCB Boating, LLC					
	(Name of limite	d liability company)	<del></del>	2b20 治	— 
Delaware					ا 
<del></del>	(Jurisdiction o	of its organization)			<u>-</u> -
November 8, 2018					( (
(D	ate registered with F	lorida Department of	State)	<del></del>	_ `
M18000010097				50	
	(Florida Doc	cument Number)			_
(If an effective date is listed more than 90 days after filir <b>Note:</b> If the date inserted in this date will not be listed as	ng.) this block does not	meet the applicable	statutory filing	g requirement	
Paul Sczepansk		thorized representati	ive)	_	
	(Typed or pri	nted name of signee	7	=	

Filing Fee: \$25.00