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(Requestor's Name) (Address) (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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Account#: 120000000088

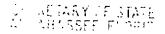
Date:	08/21/2023	
Name:	Chris Vick	
Reference	#:2092201	-
Entity Nam	ne: RR BRICKELL I	MANAGEMENT, LLC
☐ Artio	cles of Incorporation/Authorization	o Transact Business
☐ Ame	endment	
☐ Cha	ange of Agent	
☐ Rei	nstatement	
☐ Cor	nversion	
☐ Mer	rger	
✓ Diss	solution/Withdrawal	
☐ Fict	itious Name	
Oth	er	
Authorized Signature:	1/1/	

COVER LETTER

	gistration vision of (Section Corporations		
CHD ICCT.		ckell Management, LLC		
SUBJECT:		(Name of Fore	eign Limited Liability	Company)
Dear Sir or	Madam:			
The enclose	d withdra	wal and fee(s) are submitted	d for filing.	
Please retur	n all corre	espondence concerning this	matter to the followin	g:
Registered	d Agent			
		(Name of Person)		_
Cogency (Global Ind	с.		
		(Firm/Company)		-
115 North	Calhoun	Street, Suite 4		
		(Address)		_
Tallahasse	ee, FL 32	2301		
	•	(City/State and Zip Code	:)	_
For further	informatio	on concerning this matter, p	lease call;	
Joelle Kre	amer		301 at (628-4422
	(Na	me of Person)		& Daytime Telephone Number)
Re Di P.	vision o O. Box (on Section of Corporations		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:		
≣\$25 Filir	ıg Fee	☐ \$30 Filing Fee & Certificate of Status	☐\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

FILED

2823 AUG 21 AM 11: 43



NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

RR Brickell Managen	nent, LLC	
	(Name of limited liability company)	
Maryland		
<u> </u>	(Jurisdiction of its organization)	
01/03/2019		
	(Date registered with Florida Department of State)	
M19000000108		
· · -	(Florida Document Number)	
Effective Date, if ot (If an effective date more than 90 days a Note: If the date ins	her than the date of filing: is listed, the date must be specific and cannot be prior to date after filing.) serted in this block does not meet the applicable statutory filin listed as the document's effective date on the Department of 3	_ (optional) of filing or g requirements,
	Signature of authorized representative)	_
Jeff (Lobb	
	(Typed or printed name of signee)	_

Filing Fee: \$25.00