M19000001295

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
WAIT WARE
(Business Entity Name)
(Document Number)
,
0.00.10.11
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
3

Office Use Only



500420818645

CT CORP

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

Da	ite:	02/13/2024	- w: 1 >W
		Acc#I20160000072	- 4: () - W
Name:	MSVEF-OF	C WFC Tampa GP LL	.C
Document #:			
Order #:	71138859		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
Filing:	Certified: Plain: COGS:	✓ ✓	Email Address for Annual Report Notifications
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$	25.00	

Thank you!

COVER LETTER

то:		stration (sion of C	Section Corporations		
SUBJE	·CT.	MSVEF	-OFC WFC Tampa GP L	LC	
SUBJE	.C1;		(Name of Fo	oreign Limited Liability	(Company)
Dear Si	r or M	ladam:			
The end	:losed	withdray	val and fee(s) are submitt	ed for filing.	
Please i	return	all corre	spondence concerning thi	s matter to the followir	og:
Antoni	o Gon	zalez			
			(Name of Person)		_
New Y	ork Li	ife Insura	ince Company		
		•	(Firm/Company)		_
51 Mac	dison <i>i</i>	Avenue			
			(Address)		_
New Y	ork, N	EY. 1001	0		
			(City/State and Zip Co	de)	_
For furt	ther in	formatio	n concerning this matter,	please call:	
Antoni	o Gon	zalez		212 at (576-4749
		(Nan	ne of Person)	(Area Code	& Daytime Telephone Number)
	Reg Div P.O	ision of . Box 6	n Section Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclose	ed is a	check f	or the following amount	:	
□\$25	Filing	Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

	(Name of limited liability company)	
Delaware		
	(Jurisdiction of its organization)	
02/05/2019		
	(Date registered with Florida Department of State)	
M1900000129	5	
	(Florida Document Number)	
This limited	liability company is withdrawing its certificate of authority in this	is state.
Effective Da	ite, if other than the date of filing:	(optional)
more than 90 Note: If the	ve date is listed, the date must be specific and cannot be prior to a days after filing.) date inserted in this block does not meet the applicable statutory I not be listed as the document's effective date on the Department	filing requirements.
more than 90 Note: If the	days after filing.) date inserted in this block does not meet the applicable statutory	filing requirements.

Filing Fee: \$25.00