Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: COGENCY GLOBAL, INC. Account Name

Account Number : I200000000088 Phone

: (800)221-0102

Fax Number

: (800)944-6607

LLC DISSOLUTION OR WITHDRAWAL JNV PARTNERS LLC

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Registration Section

TO:

COVER LETTER

Division of Corporations JNV PARTNERS LLC SUBJECT: (Name of Foreign Limited Liability Company) Dear Sir or Madam: The enclosed withdrawal and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Milagros Lopez (Name of Person) Schulte Roth & Zabel LLP (Firm/Company) 919 Third Avenue (Address) New York, NY 10022 (City/State and Zip Code) For further information concerning this matter, please call: Milagros Lopez (Area Code & Daytime Telephone Number) (Name of Person) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303 Enclosed is a check for the following amount: ■\$55 Filing Fee & ☐ \$60 Filing Fee. □ \$30 Filing Fee & □\$25 Filing Fee Certificate of Status & Certified Copy Certificate of Status Certified Copy

From: Kathrine Meer Fax: 18002210102 10: Fax: (850) 817-8363 Fage: 4-074 0374372513 0.003

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

JNV PARTNERS LLC		
(Name of limited liability company)	· 	
Delaware		
(Jurisdiction of its organization)		
February 18, 2019		
(Date registered with Florida Department of State)		
M19000001717		
(Florida Document Number)		
Effective Date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing require this date will not be listed as the document's effective date on the Department of State's (Signature of authorized representative)	irements,	
Mark Hostetter		
(Typed or printed name of signee)		

Filing Fee: \$25.00