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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

LLC DISSOLUTION OR WITHDRAWAL SAFARI TWO ASSET COMPANY, LLC

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COVER LETTER

TO:	_		n Section Corporations			
SUBJEC	'СΤ:	Safari Two Asset Company, LLC				
SOIMECT.		(Name of Foreign Limited Liability Company)				
Dear Si	ir or N	ladam.				
The end	closed	withdr	awal and fee(s) are submitte	d for filing.		
Please	return	all con	respondence concerning this	matter to the following.		
			(Name of Person)			
Cor	por	atio	n Service Com (Film/Company)	npany		
120	1 -	lays	S Street (Address)			
Tallah	nass	ee , F	L 32301	13		
			(City/State and Zip Co	ic)		
For fur	ther in	niormat	ion concerning this matter, p	olease call:		
				at ())	
		(6)	ame of Person)	(Area Code &)	Daytime Telephone Number)	
	STI	REET/0	COURIER ADDRESS:	MAIL	ING ADDRESS:	
Amendment Section Division of Corporations		Amendment Section Division of Corporations				
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		P.O. Box 6327 Tallahassee, FL 32314				
Enclos			e, F1, 32303 (for the following amount:	:		
			-		TS60 Elling For	
\$25	។ មោយ	gree	S30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	S60 Filing Fee, Certificate of Status & Certified Copy	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Safari Two Asset Company, LLC	<u> </u>	
(Name of limited liability company)		
Delaware (Jurisdiction of its organization)		
02/19/2019 (Date registered with Florida Department of State)	· · · · · · · · · · · · · · · · · · ·	
M1900001764		
(Florida Document Number)		
This limited liability company is withdrawing its certificate of authority in this state	€.	
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 o more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing this date will not be listed as the document's effective date on the Department of St	require	or ements,
Luc Cott	•	
(Signature of authorized representative)	!	ر. د.ن
Joseph V. Gatti];; [5]
(Typed or printed name of signee)		(5 참

Filing Fee: \$25.00