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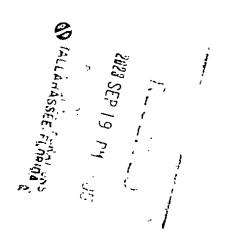
| | (Requestor's Name) |
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| PICK-UF | WAIT MAIL |
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| Special Instructions to | Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration Division of C | | | |
|-----------------------------------|--|--------------------------------------|--|
| | t Leasing, LLC | | |
| SUBJECT: | (Name of Forci | gn Limited Liability (| Company) |
| Dear Sir or Madam: | | | |
| The enclosed withdra | wal and fee(s) are submitted | for filing. | |
| Please return all corre | spondence concerning this n | natter to the following | : |
| Katrina Lukenbill | | | |
| | (Name of Person) | | • |
| Lewis Brisbois Bisgr | ard & Smith LLP | | |
| | (Firm/Company) | | • |
| 110 SE 6th St., #260 | 0 | | |
| | (Address) | | • |
| Fort Lauderdale, FL | 33301 | | _ |
| | (City/State and Zip Code |) | |
| For further informati | on concerning this matter, pl | ease call: | |
| Katrina Lukenbill | | 954 at (| 678-4088 |
| (N | ame of Person) | (Area Code & | E Daytime Telephone Number) |
| Division P.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 Filing Fee | ☐ \$30 Filing Fee & Certificate of Status | □\$55 Filing Fee & Certified Copy | ☐ \$60 Filing Fee, Certificate of Status & Certified Copy |

PAIR:07

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| emont Leasing, LLC |
|---|
| (Name of limited liability company) |
| laware |
| (Jurisdiction of its organization) |
| 25/19 |
| (Date registered with Florida Department of State) |
| 19000006199 |
| (Florida Document Number) |
| fective Date, if other than the date of filing: (optional) an effective date is listed, the date must be specific and cannot be prior to date of filing or one than 90 days after filing.) ote: If the date inserted in this block does not meet the applicable statutory filing requirements, is date will not be listed as the document's effective date on the Department of State's records. |
| (Signature of authorized representative) |
| Amy Dittami |
| (Typed or printed name of signee) |

Filing Fee: \$25.00