# M19000012028

(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:
<u>-</u>

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TATE AND SECTIONS

## Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 07/24/2023	_		₩WALK IN
ENTITY NAME Arrow	Global Asset Dispositi	on, LLC	WALK III
DOCUMENT NUMBER_			
	**PLEASE FILE TH	E ATTACHED AND RETURN**	
xxxxxx	Plain Copy		
<del></del>	Certified Copy		
	Certificate of Status		
	<b>PLEASE OBTAIN THE FO</b> Certified Copy of Arts Certificate of Good Sta		
	**APOSTILLE' / N	OTARIAL CERTIFICATION**	
COUNTRY OF DESTINA	TION		
NUMBER OF CERTIFICA			
TOTAL OWED \$25		ACCOUNT #: I201600000	072
		S 8710	
Places and Time at a	the change without for	and icense on concerns. Thank was	ea waa 6 /

### **COVER LETTER**

TO: Registration Section Division of Corpo			
	OBAL ASSET DISPO	SITION, LLC	
SUBJECT:	(Name of Fore	ign Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withdrawal a	nd fee(s) are submitted	for filing.	
Please return all correspond	lence concerning this	matter to the following	g:
MICHAEL CASALE			
	(Name of Person)		-
ARROW GLOBAL ASSE	T DISPOSITION, LL	С	
	(Firm/Company)		
9201 E DRY CREEK RD			
	(Address)		-
CENTENNIAL, CO 8011	2		•
	(City/State and Zip Code	·)	-
For further information con	seconing this matter, pl	lease call:	
URS AGENTS, LLC		800) at (	567-4397
(Name of	Person)	'	E Daytime Telephone Number)
Mailing Address: Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	rporations		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 th	e following amount:		
	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

ARROW GLOBAL ASSET DISPOSITION, LLC		
(Name of limited liability company)		
DELAWARE		
(Jurisdiction of its organization)	TAS 2	
12/18/2019	2023 JUL 24 SLUKE KAR TALLAHASS	-77
(Date registered with Florida Department of State)	<b>A</b> 5.5. <b>C</b> 5.5.	
M19000012028	m -	1
(Florida Document Number)	AN IO: 34	T
This limited liability company is withdrawing its certificate of authority in this	sta	
Effective Date, if other than the date of filing:	(optional)	
(If an effective date is listed, the date must be specific and cannot be prior to da more than 90 days after filing.)	ate of filing or	
Note: If the date inserted in this block does not meet the applicable statutory fi	ling requiremen	nts,
this date will not be listed as the document's effective date on the Department	of State's recor	ds.
(Signature of authorized representative)		
(Signature of authorized representative)		
Michael Casale, (Typed or printed name of signee)		
(Typed or printed name of signee)		

Filing Fee: \$25.00