(Requestor's Name)				
(Address)					
(Address)					
(City/State/Zip/Pho	ne #)				
PICK-UP WAIT	MAIL				
(Business Entity Na	ame)				
(Document Number)					
Certified Copies Certificate	es of Status				
Special Instructions to Filing Officer					

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 679664 4374025 AUTHORIZATION COST LIMIT 120 m ORDER DATE: February 24, 2021 ORDER TIME : 11:57 AM ORDER NO. : 679664-155 CUSTOMER NO: 4374025 FOREIGN FILINGS NAME: MARISOL TT, LLC _ CORPORATE _ LIMITED PARTNERSHIP XXX _ LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY ___ PLAIN STAMPED COPY ____ CERTIFICATE OF STATUS CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT:	М	arisol TT, LLC			
		(Name of For	eign Limited Liability	Company)	
Dear Sir or M	ladam;				
The enclosed	withdraw	al and fee(s) are submitte	d for filing.		
Please return	all corres _l	oondence concerning this	matter to the followin	g:	
Michelle Kal	er				
		(Name of Person)		-	
Investcorp					
		(Firm/Company)			
280 Park Av	enue, 36				
		(Address)		_	
New York, N	IY 10017				
		(City/State and Zip Cod	e)	_	
For further in	formation	concerning this matter, p	lease call:		
Michelle Kal	er		212 at (703-1215	
	(Name	e of Person)		Daytime Telephone Number)	
Reg Div P.O	ision of . Box 63	Section 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 fo	r 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

M	farisol TT, LLC	
	(Name of limited liability company)	
Delaware		
	(Jurisdiction of its organization)	
02/24/2020		
(Date registered with Florida Department of State)	
	M20000002132	
	(Florida Document Number)	
Effective Date, if other that (If an effective date is listed more than 90 days after fill Note: If the date inserted it	nany is withdrawing its certificate of authority in to the date of filing: 2/4/2021 ed, the date must be specific and cannot be prior to ing.) In this block does not meet the applicable statutory as the document's effective date on the Department.	(optional) o date of filing or y filing requirements, ent of State's regords.
1	(Signature of authorized representative)	25 M 9: 37
H. Herbert M	Myers	
	(Typed or printed pame of signes)	

Filing Fee: \$25.00