M20000006191

(Address) (Address) (City/State/Zip/Phone #) (City/State/Zip/Phone #) (Document Pick-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		(Requestor's Name)
(Address) (City/State/Zip/Phone #) (City/State/Zip/Phone #) PICK-UP (Business Entity Name) (Business Entity Name) (Document Number) certified Copies		
(City/State/Zip/Phone #)		(Address)
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status		(Address)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	···	(City/State/Zin/Dhone #)
(Business Entity Name) (Document Number)		(ony)orate/cip/r hone #)
(Document Number) Certified Copies	PICK-U	P WAIT MAIL
(Document Number) Certified Copies		
Certified Copies Certificates of Status		(Business Entity Name)
Certified Copies Certificates of Status		
		(Document Number)
		Certificates of Status
Special Instructions to Filing Officer:		
	Special Instructions	
Office Use Only	<u> </u>	



TALLANASSEE FLORIDA



CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500						
	ACCOUNT NO.	:	12000000195			
	REFERENCE	:	227822 1 7972777			
	AUTHORIZATION	:	Capit Rena			
	COST LIMIT	:	\$ 25.00			
ORDER DATE :	December 26, 202	3				
ORDER TIME :	9:0 AM					
ORDER NO. :	227822-035					
CUSTOMER NO:	7972777					
FOREIGN FILINGS						
NAME :	BCORE MF CUE	JAX	LLC			
CORPORA	TE					

•

-

LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

. • • •

:

·

•

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

	CERTIFIED COPY
<u>XX</u>	PLAIN STAMPED COPY
	CERTIFICATE OF STATUS

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

BCORE MF CUE JAX	LLC	
· · · · · · · · · · · · · · · · · · ·	(Name of limited liability company)	
Delaware		
······	(Jurisdiction of its organization)	
07/17/2020		
	(Date registered with Florida Department of State)	
M20000006191		
	(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: _____ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements. this date will not be listed as the document's effective date on the Department of State's records.

and (Signature of authorized representative)

Lakecia Stanford		TALL	2023	
	(Typed or printed name of signee)	AHASSEE, FLORIDA	DEC 27 AM 9: 14	T T T D