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COVER LETTER

Division o	f Corporations				
No C SUBJECT:	omment, LLC				
SOBJECT.	(Name of For	eign Limited Liability	Company)		
Dear Sir or Madam	:				
The enclosed withd	rawal and fee(s) are submitte	d for filing.			
Please return all co	rrespondence concerning this	matter to the following	g:		
Michael Abramsor	ı, Esq.				
	(Name of Person)		_		
Solomon Ward Sei	denwurm & Smith, LLP				
	(Firm/Company)		_ 	2024 NOV -1	
401 B Street, Suite	1200				
	(Address)		_	> (\ 2	
San Diego, CA 92	101		,	OF STA	
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For further informa	tion concerning this matter, p	dease call:			
Michael Abramson, Esq.		619 at (231-0303		
(1	Name of Person)		& Daytime Telephone Number)		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a chec	k 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		

No Comment, LLC

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

		(Name of limited	f liability company)				
Delaware							
		(Jurisdiction of	f its organization)				
March 11, 20	121						
	(Date	e registered with Flo	orida Department of State	5)			
M210000027	779						
		(Florida Doc	ument Number)				•
This limited	d liability company	γ is withdrawing it	ts certificate of authorit	y in this state	e.		
If an effect nore than 9 Note: If the	00 days after filing. date inserted in th	he date must be sp .) iis block does not	pecific and cannot be promeet the applicable state fective date on the Department	rior to date o tutory filing	requirem	r ients,	
	Jake Paul	(6:			~ · · · · · · · · · · · · · · · · · · ·	202	
		(Signature of auti	horized representative)			Z.	-11-
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