## M21000004054

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)	999999 <u> </u>		
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 550286 4321040

AUTHORIZATION :

COST LIMIT : \$ 25.00

\_\_\_\_\_

ORDER DATE: March 6, 2023

ORDER TIME : 1:29 PM

ORDER NO. : 550286-030

CUSTOMER NO: 4321040

\_\_\_\_\_\_

## FOREIGN FILINGS

NAME: BDL MIAMI RENTAL LLC

\_\_\_\_ CORPORATE

LIMITED PARTNERSHIP

XX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland-sorenson - EXT#

## **COVER LETTER**

TO: Registratio Division of	n Section Corporations		
	Miami Rental LLC		
SUBJECT:	(Name of Fo	reign Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withdr	awal and fee(s) are submitte	ed for filing.	
Please return all cor	respondence concerning this	matter to the following	g:
Mary Golonka			
	(Name of Person)		_
ArentFox Schiff LI	P		
<u> </u>	(Firm/Company)		_
233 South Wacke	r Drive, Suite 7100		
-	(Address)		_
Chicago, IL 60606	3		
	(City/State and Zip Cod	le)	_
For further informat	ion concerning this matter, p	olease call:	
Mary Golonka		312 at (	258-4604
(2)	ame of Person)	(Area Code à	& 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

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

BDL Miami R	ental LLC	
	(Name of limited liability company)	
Wyoming		
	(Jurisdiction of its organization)	
04/08/2021		
	(Date registered with Florida Department of State)	
M210000040	54	
	(Florida Document Number)	<del>,, ,, ,</del>
This limited	liability company is withdrawing its certificate of authority in this	state.
(If an effecti more than 90 <b>Note:</b> If the 6	te, if other than the date of filing: ve date is listed, the date must be specific and cannot be prior to da ) days after filing.) date inserted in this block does not meet the applicable statutory fil not be listed as the document's effective date on the Department o	ing requirements.
	/s/ Josh Lehman	
	(Signature of authorized representative)	
	Josh Lehman	~~)
	(Typed or printed name of signee)	7973 F. 12 - 6 AM 9

Filing Fee: \$25.00