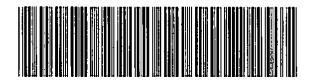
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COVER LETTER

Division of Corporati	ons		
SUBJECT: Bri	(Name of Fore	of Toy C ign Limited Lability	Company)
Dear Sir or Madam:			
The enclosed withdrawal and (ce(s) are submitted	for filing.	
Please return all corresponden	ce concerning this r	natter to the following	y.
Regina	me of Person)	\	_
Drilles P	2011/1000 m/Company)	HO_	-
1690 Palm	AVC .	<u>-</u>	-
Winter Park	y/State and Zip Code	2189	-
For further information concer	ning this matter, pl	ease call:	
Right a Smi (Name of Per	Son)	at (104 (Area Code &	Daytime Telephone Number)
Mailing Address: Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	orations		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 fe	ollowing amount:		
	Filing Fee & tificate of Status	□\$55 Filing Fee & Certified Copy	\$60 Filing Fee.Certificate of Status &Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Brillies Boutiane, UC	
(Name of limited liability company)	
State of Delaware	
(Jurisdiction of its organization)	
(Date registered with Florida Department of State)	
M21000010072	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in the Effective Date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory	(optional) o date of filing or ofiling requirements,
this date will not be listed as the document's effective date on the Departmen	nt of State's records.
Remina Manual	
(Signature of authorized representative)	2021 D
Rogina Smith	EC 13
(Typed or printed name of signee)	3 3
V	N

Filing Fee: \$25.00