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| Special Instructions to | o Filing Officer: | | |
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE : 132213 7977279 AUTHORIZATION COST LIMIT ORDER DATE: November 14, 2022 ORDER TIME : 7:45 AM ORDER NO. : 132213-025 CUSTOMER NO: 7977279 FOREIGN FILINGS NAME: DBCI, LLC CROSS REFERENCED DINGO NEWCO, LLC _ CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY XX PLAIN STAMPED COPY ____ CERTIFICATE OF STATUS

EXAMINER:

CONTACT PERSON: Alexxis Weiland - EXT#

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| Dingo Newco, | LLC | ço | 202 | |
|---|---|---------------------------|----------------------|----|
| | (Name of limited liability company) | | No. | c: |
| Delaware | | 7. T. | 2022 NOV 15 PH 12 45 | 5 |
| | (Jurisdiction of its organization) | S | <u></u> | 3 |
| 10/21/2021 | | inc. chi | 主 | 1 |
| | (Date registered with Florida Department of State) | | - 10 | |
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| | (Florida Document Number) | | | |
| Effective Date (If an effective nore than 90 c Note: If the da | ability company is withdrawing its certificate of authority in this state, if other than the date of filing: de date is listed, the date must be specific and cannot be prior to date days after filing.) ate inserted in this block does not meet the applicable statutory filing to be listed as the document's effective date on the Department of | _ (optiona of filing o | nents, | |
| · | (Signature of authorized representative) | _ | | |
| | Elliot H. Kahler (Typed or printed name of signee) | _ | | |

Filing Fee: \$25.00