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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallahassee, FL 32301 Phone: 850-558-1500

EXAMINER: \_\_\_\_

CONTACT PERSON: Alexxis Weiland - EXT#

## **COVER LETTER**

TO:	Registration Division of	n Section Corporations		
SUBJI		IANGE 9401 NW 106TH	STREET LLC	
0020	JC1	(Name of For	eign Limited Liability	Company)
Dear S	ir or Madam:			
The en	closed withdr	awal and fee(s) are submitte	d for filing.	
Please	return all con	respondence concerning this	matter to the following	g:
MARI	LYN CARTV	VRIGHT		
		(Name of Person)		_
PROL	.OGIS, INC.			
		(Firm/Company)		_
1800	WAZEE ST.	, SUITE 500		
		(Address)	······	_
DENV	ER, COLOF	RADO 80202		
		(City/State and Zip Cod	le)	_
For fur	ther informati	ion concerning this matter, p	olease cail:	
MARI	LYN CARTV	VRIGHT	303 at (	567-5484
	(N	ame of Person)	(Area Code &	& 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
Enclos	ed is a check	for the following amount:		
□ <b>\$</b> 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

EXCHANGE 9401 NW 106TH STREET LLC		
(Name of limited liability company)		
DELAWARE		
(Jurisdiction of its organization)		
NOVEMBER 16, 2021		
(Date registered with Florida Department of State)		
M21000015345		
(Florida Document Number)	· <del></del>	
This limited liability company is withdrawing its certificate of authority in this state.		
Effective Date, if other than the date of filing: JANUARY 4, 2022 (optoff an effective date is listed, the date must be specific and cannot be prior to date of filmore than 90 days after filing.)	ional) ing or	
Note: If the date inserted in this block does not meet the applicable statutory filing requiries this date will not be listed as the document's effective date on the Department of State's		
Maily / Activity (Signature of authorized representative)		~:
(Signature of authorized representative)	1200 1000 1000	2021 DEC
MARILYN CARTWRIGHT		03

Filing Fee: \$25.00

(Typed or printed name of signee)