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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE : 888140 7898057 AUTHORIZATION : COST LIMIT ORDER DATE: January 9, 2025 ORDER TIME : 11:53 AM ORDER NO. : 888140-040 CUSTOMER NO: 7898057 FOREIGN FILINGS NAME: BCORE 395 CORONADO DR OWNER LLCCORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ____ CERTIFIED COPY _____ PLAIN STAMPED COPY ____ CERTIFICATE OF STATUS

EXAMINER:

CONTACT PERSON: Shauna Godbolt - EXT#

COVER LETTER

	gistration Section vision of Corporations		
CUD IFCT.	BCORE 395 Coronado Dr C	Owner LLC	
SUBJECT:	(Name of	Foreign Limited Liability	Company)
Dear Sir or	Madam:		
The enclose	d withdrawal and fee(s) are subr	nitted for filing.	
Please retur	n all correspondence concerning	this matter to the followin	g:
			_
	(Name of Person)		
	(Firm/Company)		_
	(Firm/Company)		
	(Address)		_
	, .		
	(City/State and Zip	Code)	_
For further i	nformation concerning this matt	er, please call:	
	(Name of Person)	at ()
	(Name of Ferson)	(Mea Code o	e Daytine Perphone Number)
Re Di P.0	gistration Section vision of Corporations D. Box 6327 Hahassee, 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 check for the following amo	unt:	
□\$25 Filin	g Fee S30 Filing Fee & Certificate of Stat	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

BCORE 395 C	Coronado Dr Owner LLC	
	(Name of limited liability company)	
Delaware		
	(Jurisdiction of its organization)	
03/21/2022		
	(Date registered with Florida Department of State)	
M2200000422	6	
	(Florida Document Number)	
This limited l	iability company is withdrawing its certificate of authority in th	is state.
(If an effective more than 90 Note: If the d	e, if other than the date of filing: re date is listed, the date must be specific and cannot be prior to days after filing.) ate inserted in this block does not meet the applicable statutory not be listed as the document's effective date on the Departmen	filing requirements.
	(Signature of authorized representative)	
	Nissan Shah	20 TÃ
	(Typed or printed name of signee)	PILED 1025 JAN IL AM 10: 45 ALLAHASSEE, FLORIDA

Filing Fee: \$25.00 888140