| (Requestor's Name) | | | | | |
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| (Audiess) | | | | | |
| | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| <u> </u> | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| | | | | | |
| (Business Entity Name) | | | | | |
| (business Entry Name) | | | | | |
| | | | | | |
| (Document Number) | | | | | |
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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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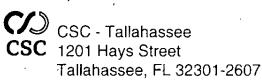
Office Use Only



300417569143

LIC Withdrawa

A. RAMSEY FEB -142074



850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 02/13/24 Order #: 1418702-1 Re: 660 Wedge, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal

AUTH:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number: I2000000195

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

| | | ion Section of Corporations | | |
|-------------|---------------------------------|---|--------------------------------------|--|
| SUBJEC | 660 | Wedge, LLC | | |
| NUBJEC | 1 | (Name of Fo | reign Limited Liability | Company) |
| Dear Sir o | or Madai | n: | | |
| The enclo | sed with | drawal and fee(s) are submitte | ed for filing. | |
| Please ret | urn all co | orrespondence concerning this | matter to the followin | g: |
| Dominic | Polizzo | tto | | |
| | | (Name of Person) | | _ |
| BFO Ma | nageme | ent, LLC | | |
| | | (Firm/Company) | | _ |
| 3605 S. | Town C | enter Drive, Suite A | | |
| | | (Address) | | - |
| Las Veg | as, NV 8 | 89135 | | |
| | | (City/State and Zip Cod | le) | - |
| For furthe | r inform | ation concerning this matter, p | olease call: | |
| Maryan ' | Telling | | 702 at (| 240-2655 |
| | (| (Name of Person) | | C Daytime Telephone Number) |
| F [F | Registra Division P.O. Bo | Address: ation Section n of Corporations ox 6327 ssee, 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 chec | ck for the following amount: | | |
| □\$25 Fil | ing 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

| | 2024 |
|--|---|
| 660 Wedge, LLC | FEB 1 |
| (Name of limited liability com | pany) |
| Nevada | |
| (Jurisdiction of its organizati | ion) |
| February 2, 2023 | |
| (Date registered with Florida Departm | nent of State) |
| M23000001423 | |
| (Florida Document Numbe | er) |
| This limited liability company is withdrawing its certificate of Effective Date, if other than the date of filing: [February 12, 2] (If an effective date is listed, the date must be specific and camore than 90 days after filing.) Note: If the date inserted in this block does not meet the app this date will not be listed as the document's effective date of the d | annot be prior to date of filing or olicable statutory filing requirements, |
| (Signature of authorized repre | esentative) |
| Dominic Polizzotto | |
| (Typed or printed name of | signee) |

Filing Fee: \$25.00