

M21000002307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

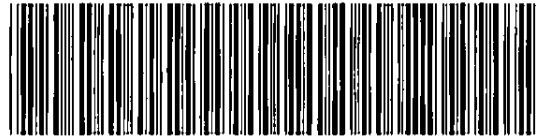
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500408897635

Withdrawal

FILED

SECRETARY OF STATE  
411 VERMONT ST. SUITE 100  
MONTPELIER, VT 05602

2023 MAY 23 AM 10:42



SECRETARY OF STATE  
411 VERMONT ST. SUITE 100  
MONTPELIER, VT 05602

2023 MAY 23 PM 3:55

A. RAMSEY

MAY 24 2023

**CT CORP**  
**(850) 656-4724**  
**3558 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 05/23/2023

Acc#120160000072

*eric DW*

Name:	FSC LBC MASTER, LLC
Document #:	
Order #:	14951228 - 3

Certified Copy of Arts & Amend:	<input type="checkbox"/>	<h1>1-2 FILING</h1>	
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>	1. WITHDRAWAL 2. QUALIFICATION	
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 25.00

Thank you!

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FSC LBC Master, LLC  
\_\_\_\_\_  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ryan Boylan, Esq.

\_\_\_\_\_  
(Name of Person)

Seyfarth Shaw LLP

\_\_\_\_\_  
(Firm/Company)

620 Eighth Avenue, 33rd Floor

\_\_\_\_\_  
(Address)

New York, NY 100185

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ryan Boylan, Esq.

\_\_\_\_\_  
(Name of Person)

at ( 212 ) 218-5252  
\_\_\_\_\_  
(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

Enclosed is a check for the following amount:

\$25 Filing Fee

\$30 Filing Fee &  
Certificate of Status

\$55 Filing Fee &  
Certified Copy

\$60 Filing Fee,  
Certificate of Status &  
Certified Copy

FILED  
2023 MAY 23 AM 10:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

FSC LBC Master, LLC

\_\_\_\_\_  
(Name of limited liability company)

Delaware

\_\_\_\_\_  
(Jurisdiction of its organization)

February 26, 2021

\_\_\_\_\_  
(Date registered with Florida Department of State)

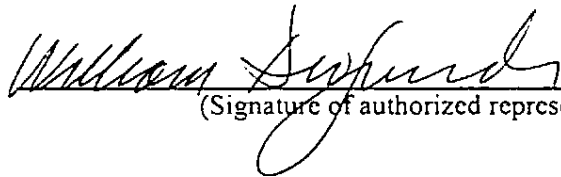
M21000002307

\_\_\_\_\_  
(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

  
\_\_\_\_\_  
(Signature of authorized representative)

William Dioguardi

\_\_\_\_\_  
(Typed or printed name of signee)

Filing Fee: \$25.00