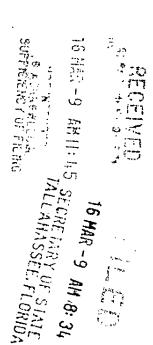
M17000007784

(Re	questor's Name)			
(Ad	dress)			
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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MAR 10 2016 J SHIVERS CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 049792 7528092

AUTHORIZATION : Spuller

COST LIMIT : \$ 25.00

ORDER DATE: March 9, 2016

ORDER TIME : 9:33 AM

ORDER NO. : 049792-005

CUSTOMER NO: 7528092

FOREIGN FILINGS

NAME: SC1516 PROPERTY HOLDINGS, LLC

___ CORPORATE

LIMITED PARTNERSHIP

XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF STATUS

CONTACT PERSON: Melissa Zender - EXT# 62956

EXAMINER:

COVER LETTER

	gistration Section vision of Corporations			
SUBJECT:	SC1516 Property	y Holdings,	LLC	
SUBJECT:	(Name of Forei	gn Limited Liability (Company)
Dear Sir or l	Madam:			
The enclose	d withdrawal and fee(s)	are submitted	for filing.	
Please return	all correspondence co	ncerning this m	atter to the following	:
Marian C	urtis			
	(Name of	Person)		•
Westport	Capital Partners	LLC		
	(Firm/Co	mpany)		•
40 Danb	ury Road			
	(Address)			· ·
Wilton, C		:	;	
	(City/Stat	e and Zip Code)		•
For further i	nformation concerning	this matter, ple	ase cail:	
Marian C	curtis		203	429-8601
	(Name of Person)		(Area Code &)
Rej Div Cli 266 Tal	REET/COURIER AD gistration Section rision of Corporations from Building Executive Center Cirlahassee, Florida 32301	cle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is			2 \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

SC1516 Property Holdings, LLC		
(Name of limited liability company)		
Delaware		
(Jurisdiction of its organization)		
11/21/2013		
(Date registered with Florida Department of State)		
M13000007384		
(Florida Document Number)		
This limited liability company is withdrawing its certificate of authority in this state.		
(Signature of authorized representative) Marc Porosoff (Typed or printed name of signee)	16 MAR -9 AM .8: SECRETARY OF STALL-AHASSEE, FLOR	Part of the state

Filing Fee: \$25.00