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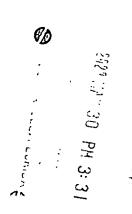
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(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
· (B	usiness Entity Name)	
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Certified Copies	Certificates of Sta	tus
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Office Use Only



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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 775819 7161018

AUTHORIZATION : ( )

COST LIMIT : \$ 25.00

ORDER DATE: May 30, 2023

ORDER TIME : 1:23 PM

ORDER NO. : 775819-010

CUSTOMER NO: 7161018

\_\_\_\_\_\_

## FOREIGN FILINGS

NAME: SPICY CLOTHING COMPANY LLC

CORPORATE
LIMITED PARTNERSHIP

XX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY

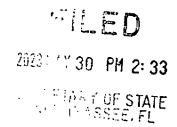
XX PLAIN STAMPED COPY

\_\_\_\_\_ CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland-sorenson - EXT#

## COVER LETTER

TO:		ion Section of Corporations		
SUBJEC	Spic	y Clothing Company LLC		
.,0131.0	~··	(Name of Fo	oreign Limited Liabilit	y Company)
Dear Sir	or Madan	n:		
The encl	osed with	drawal and fee(s) are submitt	ed for filing.	
Please re	turn all co	rrespondence concerning thi	s matter to the following	ng:
Marc Le	eve			
		(Name of Person)		_
Sills Cu	mmis & 0	Gross, P.C.		
· · · · · · · · ·		(Firm/Company)		_
101 Par	k Avenue	, 28th Floor		
		(Address)	*********	_
New Yo	rk, NY 10	178		
	•.	(City/State and Zip Cod	de)	_
For furthe	er informa	tion concerning this matter.	plcase call:	
Marc Le	ve		212 at (	500 1591
	()	Same of Person)		& Daytime Telephone Number)
Į L F	Division P.O. Box	ion Section of Corporations		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:		
<b>□\$2</b> 5 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

PICY CLOTHING COMPANY LLC
(Name of limited liability company)
WYORK
(Jurisdiction of its organization)
bruary 11, 2014
(Date registered with Florida Department of State)
114000000982
(Florida Document Number)
dective Date, if other than the date of filing:
(Signature of authorized representative)
Sanjeev Chotirmall
(Typed or printed name of signee)

Filing Fee: \$25.00