## Ma500009845

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Busiless Effety Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
OCT 1 n 2025
OCT
- 3, η <sub>2025</sub>

Office Use Only



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SOME THE SHEET SHEET

BALLMESSELFE BANK



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	10/09/2025	
	Delijah Showers	_
	2927861	_
	SSB-ISPC FUNI	DING COMPANY, LLC
	es of Incorporation/Authorization	
Amen	dment	
☐ Chang	ge of Agent	
☐ Reinst	tatement	
Conve	ersion	
☐ Merge	er	
Dissol	ution/Withdrawal	
Fictitio	ous Name	
Other_	_	
Authorized A	mount: <b>\$25</b>	
Signature: 2	Delijah Showers	



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues please contact Cheyanne at 850-202-1882

Date:10	0/09/2025	
Name:	Delijah Showers	_
Reference #:	2927861	<u> </u>
Entity Name:	SSB-ISPC FUN	DING COMPANY, LLC
☐ Articles	of Incorporation/Authorizatio	n to Transact Business
☐ Change	of Agent	
Reinstat	ement	
☐ Convers	ion	
☐ Merger		
✓ Dissoluti	on/Withdrawal	
Fictitious	s Name	
Other_		<u> </u>
Authorized Amo	ount: <b>\$25</b>	
Signature:	rlijah Showers	

## **COVER LETTER**

we consider the second

TO:

TO:	Registratio Division of	n Section Corporations		
SUBJE	CT:	(Name of Fo	reign Limited Liability (	Company)
Dear Si	ir or Madam:			
The end	closed withdi	rawal and fee(s) are submitte	d for filing.	
Please	return all cor	respondence concerning this	matter to the following:	
		(Name of Person)		
		(Firm/Company)	<u></u>	
		(Address)		
		(City/State and Zip Cod	le)	
For fur	ther informat	ion concerning this matter, p	lease call:	
	Jil	I A. Matarese	at (	)
		lame of Person)	(Area Code &	) Daytime Telephone Number)
	Registratio Division of Clifton But 2661 Exec	f Corporations	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations lox 6327 assee, Florida 32314
Enclose	ed is a checl	c for the following amount:		
<b>□</b> \$25	Filing Fec	☐ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

SSB-ISPC FUNDING COMPANY, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
07/11/2025
(Date registered with Florida Department of State)
M25000009845
(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:
(Signature of authorized representative)
Jill A. Matarese
(Timed or printed name of riones)

Filing Fee: \$25.00