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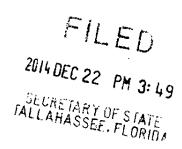
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SECRETARY OF STATE FALLAHASSEE, FLORIDA

K. SALY EXAMNER JAN -8 2015

COVER LETTER

TO: Registration Division of	n Section Corporations		
SKIP	PERSHIP N.Y. LLC		
SUBJECT:	(Name of For	reign Limited Liability (Company)
Dear Sir or Madam:			
The enclosed withdr	awal and fec(s) are submitte	d for filing.	
Please return all con	respondence concerning this	matter to the following:	
NOEL C JORD	AN		
	(Name of Person)	·	
NAPLES PRIN	CESS		
	(Firm/Company)		
550 PORT O C	ALL WAY		
	(Address)		
NAPLES FL 34	102		
	(City/State and Zip Cod	le)	•
For further informat	ion concerning this matter, p	elease call:	
NOEL C JORD	AN	239	404-7630
(N	ame of Person)		Daytime Telephone Number)
Registration Division of Clifton Bui 2661 Execu Tallahasses	Corporations Iding utive Center Circle s, Florida 32301	Regist Divisi P.O. B Tallah	ING ADDRESS: ration Section on of Corporations dox 6327 assee, Florida 32314
Enclosed is a check Z2 \$25 Filing Fee	for the following amount: \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy



NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

SKIPPERSHIP N.Y., LLC
(Name of limited liability company)
WISCONSIN
(Jurisdiction of its organization)
07/07/2000
(Date registered with Florida Department of State)
M0000001338
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state. (Signature of authorized representative)
NOEL C JORDAN
(Typed or printed name of signee)

Filing Fee: \$25.00