MUIOCOCO 2836

(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:	





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03/26/19--01016--015 **115.00



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COVER LETTER

	ration Section on of Corporations				
	C RESTAURANT COMPANY	LLC			
_	(Name of Fo	oreign Limited Liability	Company)		
Dear Sir or Ma	dam:				
The enclosed w	ithdrawal and fee(s) are submitte	ed for filing.			
Please return al	l correspondence concerning this	s matter to the following	î.		
V BEN-SADIO	Sti			<u></u> ≥£?	
	(Name of Person)		_		
SBE				288	
	(Firm/Company)		-	. # # # # # #	
131 SPRING S	TREET, 4TH FLOOR			ệ 음	
	(Address)	-	-		
NEW YORK,	NY 10012				
	(City/State and Zip Coo	de)	-		
For further info	rmation concerning this matter, p	please call:			
V BEN-SADIC	Н	212	277-4156		
	(Name of Person)	at (at (Area Code &	: Daytime Telephone Number)		
Registi Divisio Clifton 2661 E	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a cl	neck for the following amount:				
S25 Filing Fe	e S30 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

SC RESTAURA	NT COMPANY LLC			
	(Name of limited liability company)			
DE				
	(Jurisdiction of its organization)			—
12/19/2001	•	28 28	20191	
	(Date registered with Florida Department of State)	12 7-1	AR	
M01000002836		SSS TO THE	26	FILE
	(Florida Document Number)	GF S	P# 12:	
This limited lia	ability company is withdrawing its certificate of authority in this	s state 1	‡ ::	
	if other than the date of filing:	(optic		
	date is listed, the date must be specific and cannot be prior to d ays after filing.)	ate of filin	g or	
Note: If the dath	te inserted in this block does not meet the applicable statutory for the listed as the document's effective date on the Department.	iling requir	remen	ts.
	or so haved as the document's effective date on the Department	or state s	CCOIC	15.
	(Signature of authorized representative)			
	V BEN-SADIGH			
	(Typed or printed name of signee)	<u></u>		

Filing Fee: \$25.00