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J. Skivero JAN 3 1 2013.

#### **COVER LETTER**

TO:

Registration Section
División of Corporations

**IRLECT. SCPLANTATION LV MGMT, LLC** 

(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

## JEFFREY LEHMANN

(Name of Person)

## SCPLANTATION LV MGMT, LLC

(Firm/Company)

## 31 RAVENWOOD DRIVE

(Address)

## WALNUT CREEK, CA 94597

(City/State and Zip Code)

For further information concerning this matter, please call:

## JEFFREY LEHMANN

.,925

788-5838

(Name of Person)

(Area Code & Daytime Telephone Number)

#### 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 check for the following amount:

■ \$25 Filing 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

SCPLANTATION LV MGMT, LLC
(Name of limited liability company)
TEXAS
(Jurisdiction of its organization)
03/16/2004
(Date registered with Florida Department of State)
M0400001008
(Florida Document Number)
This limited liability company withdrawing its certificate of authority in this state.

(S)gnature of authorized representative)

JEFFREÝ LEHMANN

(Typed or printed name of signee)

Filing Fee: \$25.00