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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

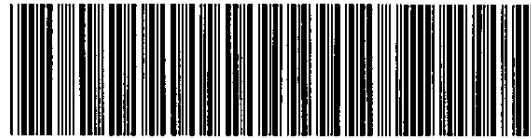
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 JUL 14 PM 4:20

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **SCI University Marketplace Fund 7, 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:

**Darlene Mellein**

(Name of Person)

**SCI University Marketplace Fund 7, LLC**

(Firm/Company)

**5741 Vista del Monte Ave**

(Address)

**Van Nuys CA 91411-3358**

(City, State and Zip Code)

For further information concerning this matter, please call:

**Gary Weldin**

(Name of Person)

**818**

at ( )

**994-6901**

(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

SCI University Marketplace Fund 7, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

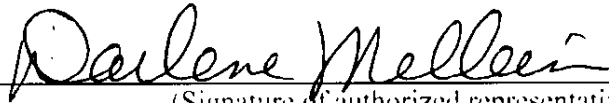
July 26, 2004

(Date registered with Florida Department of State)

M04000002986

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.



(Signature of authorized representative)

Darlene Mellein

(Typed or printed name of signee)

Filing Fee: \$25.00

14 JUL 14 PM 4:20