Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)205-8842 Fax Number : (850)878-5368

LLC DISSOLUTION OR WITHDRAWAL SP DRAPER LAKE LLC

Certificate of Status	0
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Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

	Registration Division of C	Section Corporations			
SUBJEC	S P Draper Lake, LLC				
(Name of Foreign Limited Liability Company)					
Dear Sir o	or Madam:				
The enclosed withdrawal and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Steven	M. Hend	rix			
		(Name of Person)			
Forma	n Watkins	Kruiz & Tardy LLP			
		(Firm/Company)			
200 South Lamar Street, Suite 100					
 .		(Address)			
Jackson, Mississippi 39201					
		(City/State and Zip Code	e)		
For further information concerning this matter, please call:					
Steven	M. Hend	rix	601 ul (960-8603	
(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		MATLING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:					
□ \$ 25 Fi	ling Fce	\$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

SP Draper Lake LLC	7.s -
(Name of limited liability company)	
Miasiasimi	
(Jurisdiction of its organization)	23 F
February 10, 2005	me e e
(Date registered with Florida Department of State)	r
MD5000000817	L: 57 ORIBA
(Florida Document Number)) N
This limited liability company is withdrawing its certificate of authority in the By. The Estate of Richard Wagner Pender, M. By. BankPlus, Co Executor of The Estate	his state. ember/Manager ti of lizhed vagm Buher
Clark	
(Signature of authorized representative)	
James Clark, SR. VP	BarihPlus
(Typed or printed name of signee)	

Filing Fee: \$25.00