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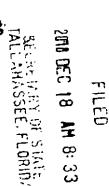
(Re	equestor's Name)		
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COVER LETTER

TO: Registration Division o	n Section f Corporations		
SUBJECT:		SQUARE FUND 1,	
	(Name of For	reign Limited Liability (Company)
Dear Sir or Madam	:		
The enclosed withd	rawal and fee(s) are submitte	d for filing.	
Please return all cor	respondence concerning this	matter to the following	:
Loring F	Paul Fluke, Attorne (Name of Person)	у	
Loring F	Paul Fluke (Firm/Company)		
60 Lewis	Street, Suite 10 (Address)		
Lynn, Ma	SSACHUSETTS 01902 (City/State and Zip Cod	le)	
For further informat	tion concerning this matter, p	lease call:	
Loring Paul	Fluke, Attorney	_{at (} 781	, 593-6800
(3)	vame of Person)	(Area Code &	Daytime Telephone Number)
Registratio Division o Clifton Bu 2661 Exec	f Corporations	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations Box 6327 assee, Florida 32314
Enclosed is a check	c 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 MARKET SQUARE FUND 1, LLC (Name of limited liability company)	
State of Delaware (Jurisdiction of its organization)	
March 28, 2005 (Date registered with Florida Department of State)	
M0500001634 (Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this state.	
Effective Date, if other than the date of filing: December 31, 2018 (optional (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirement this date will not be listed as the document's effective date on the Department of State's reco	ents,
(Signature of authorized representative)	
Mark Clifford (Typed or printed name of signee)	
ON CONTRACTOR OF THE CONTRACTO	ည သ သ

Filing Fee: \$25.00