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D. SCOTT NOV 1 4 2016

## CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## **WALK IN**

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	CERTIFIED COPY	
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Ä	FILING Withdran	A
• (	FILING WITHERAM  SURREY INVERNESS,  (CORPORATE NAME AND DOCUMENT #)	LLC
	(CORPORATE NAME AND DOCUMENT #)	
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	(CORPORATE NAME AND DOCUMENT #)	
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#### **COVER LETTER**

	Registratio Division of	n Section f Corporations			
eli <b>d ie</b>	Surre	ey Inverness, LLC			
SUBJEC	-Ii <u></u>	(Name of For	eign Limited Liability	Company)	
Dear Sir	or Madam:	:			
The encl	osed withdi	rawal and fee(s) are submitted	t for filing.		
Please re	turn all cor	respondence concerning this	matter to the followin	g:	
Shann	on McC	arty			
	<del></del>	(Name of Person)		_	
Regist	tered Ag	ent Solutions, Inc.			
		(Firm/Company)		_	
1701 [	Directors	Blvd., Suite 300			
		(Address)	···	<del></del>	
Austin	, TX 787	<b>744</b>			
	····	(City/State and Zip Cod	e)	<del></del>	
For furth	er informat	tion concerning this matter, p	lease call:		
Shanr	on McC	arty	888 at (	705-7274	
	(1)	Name of Person)		& Daytime Telephone Number)	SEC TAL
		COURIER ADDRESS:		ILING ADDRESS:	
	Registration of	on Section  f Corporations	Registration Section Division of Corporations		555 - F
	Clifton Bu		P.O. Box 6327		
		utive Center Circle	Tallahassee, Florida 32314		
		e, Florida 32301			ورس نسم
Enclosed	d is a checi	k for the following amount:			9: 21 TATE ORIDA
<b>☑</b> \$25 F	iling Fee	□ \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy	

### NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Surrey Inverness, LLC			
(Name of limited liability company)			
Delaware			
(Jurisdiction of its organization)			
1/13/06			
(Date registered with Florida Department of State)			
M0600000330			
(Florida Document Number)			
This limited liability company is withdrawing its certificate of authority in this state.			
Sew She			
(Signature of authorized representative)			
Lean Silvera			
(Typed or printed name of signee)			

Filing Fee: \$25.00

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