M07000000279

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

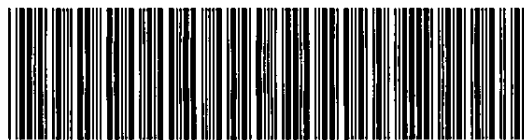☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

800263957258

09/15/14--01027--014   **25.00

COVER LETTER

TO: Registration Section
        Division of Corporations

SUBJECT: SCM Royal Palm Investors, LLC

<div align="center">(Name of Foreign Limited Liability Company)</div>

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Julie Lubin

<div align="center">(Name of Person)</div>

Somera Capital Management LLC

<div align="center">(Firm/Company)</div>

115 W Canon Perdido Street

<div align="center">(Address)</div>

Santa Barbara, CA 93101

<div align="center">(City/State and Zip Code)</div>

For further information concerning this matter, please call:

Julie Lubin   at (**805**) **681-0144**

(Name of Person)   (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

Enclosed is a check for the following amount:

☑ $25 Filing Fee   ❑ $30 Filing Fee &   ❑ $55 Filing Fee &   ❑ $60 Filing Fee,
                 Certificate of Status   Certified Copy   Certificate of Status &
                                                         Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

SCM Royal Palm Investors, LLC
_____
(Name of limited liability company)

California
_____
(Jurisdiction of its organization)

01/17/2007
_____
(Date registered with Florida Department of State)

M07000000279
_____
(Florida Document Number)

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

_____
(Signature of authorized representative)

Julie Lubin
_____
(Typed or printed name of signee)

14 SEP 25 PM 4: 13

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Filing Fee: $25.00