

9/18/2014 10:16:15 From: To: (850) 617-6383

Division of Corporations

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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 : FCA0000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

LLC DISSOLUTION OR WITHDRAWAL
SCI GATEWAY AT CLUB FUND, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

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DIVISION OF CORPORATIONS
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TALLAHASSEE, FLORIDA

14 SEP 19 AM 7:40

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Corporate Filing Menu

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SEP 22 2014
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SCI Gateway at Club Fund, 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:

OLIVER CALZA
(Name of Person)

NATIONAL ASSET SERVICES, INC.
(Firm/Company)

9841 AIRPORT BLVD. #1107
(Address)

LOS ANGELES, CA 90045
(City/State and Zip Code)

For further information concerning this matter, please call:

OLIVER CALZA at 310 988 4252
(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

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 Gateway at Club Fund, LLC

(Name of limited liability company)

DE

(Jurisdiction of its organization)

05/17/2007

(Date registered with Florida Department of State)

M07000002956

(Florida Document Number)

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



(Signature of authorized representative)

OLIVER CALZA

(Typed or printed name of signer)

Filing Fee: \$25.00

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14 SEP 19 AM 7:40
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TALLAHASSEE FLORIDA