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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (512)418-6949

Fax Number

: (954)208-0845

LLC DISSOLUTION OR WITHDRAWAL SANFILIPPO FAMILY PROPERTIES I, LLC

Certificate of Status	0
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Page Count	03
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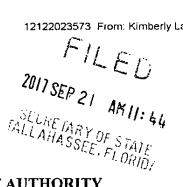
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	CO	OVER LETTEI	₹
TO: Registration Division of	n Section Corporations		
	LIPPO FAMILY PROPER	TIES I, LLC	
SUBJECT:	(Name of For	reign Limited Liability	Company)
Dear Sir or Madam:			
	and the second s	A for Elina	
The enclosed withdr	awal and fcc(s) are submitte	a for ning.	
Please return all corr	espondence concerning this	matter to the following	;
John Sanfilippo			
	(Name of Person)		-
SANFILIPPO FAM	ILY PROPERTIES I, LLC		
-4	(Firm/Company)		_
7960 SOQUEL DRI	VE #212		
	(Address)		-
APTOS, CA 95003			
	(City/State and Zip Cod	e)	-
) H.	
For further informati	on concerning this matter, p	iease call:	
John Santilippo		831 at {	234-5506
(N	ame of Person)		è Daytime Telephone Number)
Registration Division of Clifton Buil 2661 Execu	Corporations	Regis Divis P.O. l	LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, Florida 32314
Enclosed is a check	for the following amount:		
23 \$25 Filing 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

SANFILIPPO FAMILY PROPERTIES I, LLC
(Name of limited liability company)
NEVADA
(Jurisdiction of its organization)
06/11/2007
(Date registered with Florida Department of State)
M07000003475
(Florida Document Number)
Effective Date, if other than the date of filing:
(Signature of authorized representative) John Sanfilippo. Manager
(Typed or printed name of signee)

Filing Fee: \$25.00