

MO900000 4205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

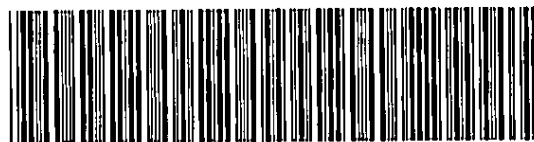
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 NOV 30 AM 8:30
SECRETARY
TALLAHASSEE, FLORIDA

Withdrawal

DEC 03 2018
I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SFI Oregon, 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:

Christian M. Sayre-Smith
(Name of Person)

SFI Capital, LLC
(Firm/Company)

333 S Tamiami Tr, Ste 205
(Address)

Venice, FL 34285
(City/State and Zip Code)

For further information concerning this matter, please call:

Chris Sayre-Smith at (503) 371-7972
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 19, 2018

CHRISTIAN M. SAYRE-SMITH
SFI OREGON, LLC
333 TAMiami TR S - STE. 205
VENICE, FL 34285

SUBJECT: SFI OREGON, LLC
Ref. Number: M09000004205

We have received your document for SFI OREGON, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 218A00023768

RECEIVED

2018 NOV 30 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FL

14:01:19 11/20/2018

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

SFI Oregon LLC

(Name of limited liability company)

Oregon

(Jurisdiction of its organization)

10-23-2009

(Date registered with Florida Department of State)

M09000004205

(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: _____ (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 requirements, this date will not be listed as the document's effective date on the Department of State's records.



(Signature of authorized representative)

Christian M. Sayre-Smith

(Typed or printed name of signee)

✓ Filing Fee: \$25.00

FILED
2019 NOV 30 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA