

MI1000000186

(Requestor's Name)

(Address)

(Address)

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(Document Number)

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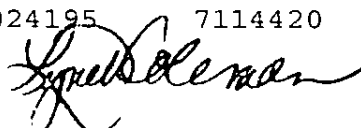
K. SALY

OCT 28 2019

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 024195 7114420

AUTHORIZATION : 

COST LIMIT : \$ 25.00

ORDER DATE : October 24, 2019

ORDER TIME : 9:47 AM

ORDER NO. : 024195-010

CUSTOMER NO: 7114420

FOREIGN FILINGS

NAME: SCIA, LLC

\_\_\_\_ CORPORATE  
\_\_\_\_ LIMITED PARTNERSHIP  
XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF STATUS

CONTACT PERSON: Amanda Robinson - EXT# 62968

EXAMINER: \_\_\_\_\_

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

SCIA, LLC  
(Name of limited liability company)

VIRGINIA  
(Jurisdiction of its organization)

01-13-11  
(Date registered with Florida Department of State)

M11000000186  
(Florida Document Number)

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FLORIDA

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.

Harold Rosenbaum  
(Signature of authorized representative)

Harold Rosenbaum

\_\_\_\_\_  
(Typed or printed name of signee)

**Filing Fee: \$25.00**