

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614) 280-3338  
Fax Number : (954) 208-0845

LLC DISSOLUTION OR WITHDRAWAL  
S2 ACQUISITION LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

16 OCT 27 AM 11:53

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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OCT 28 2016

S. YOUNG Help

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** S2 ACQUISITION 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:

Valerie Bonilla

(Name of Person)

Square Mile Capital Management LLC

(Firm/Company)

350 Park Avenue 15th Fl.

(Address)

New York, New York 10022

(City/State and Zip Code)

For further information concerning this matter, please call:

Valerie Bonilla

(Name of Person)

212

6168170

at (

) (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

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## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

S2 ACQUISITION LLC

(Name of limited liability company)

DE

(Jurisdiction of its organization)

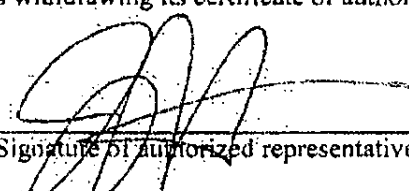
06/02/2011

(Date registered with Florida Department of State)

M11000002828

(Florida Document Number)

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

  
(Signature of authorized representative)

Joseph D. D'Angelo, Authorized Signatory

(Typed or printed name of signee)

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TALLAHASSEE, FLORIDA

Filing Fee: \$25.00