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COVER LETTER

Division of	Section Corporations				
Subject: Sand	d S Belmont LLC				
	(Name of Fo	reign Limited Liability	Company)		
Dear Sir or Madam:					
The enclosed withdr	awal and fee(s) are submitte	d for filing.			
Please return all con	respondence concerning this	matter to the following	g :		
John M. Strach	an				
	(Name of Person)		-		
S and S Belmo	nt LLC				
	(Firm/Company)		_		
901 Thomas Si	treet				
	(Address)	,	=	2018 2018	
Key West, Flor	ida 33040				9 17 g 4 2 4" 10 00
	(City/State and Zip Coo	le)	-		ilandara E E E
For further informati	on concerning this matter, p	olease call:			1 4
John M. Strach	an	517 at (896-8173	कें	
(N	ame of Person)	(Area Code &	Daytime Telephone N	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 ✓ \$25 Filing Fee	for the following amount: □ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	\$60 Filing Fee Certificate of S Certified Copy	Status &	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

5 and 5 Belmont LLC		
	(Name of limited liability company)	
State of Michigan		
	(Jurisdiction of its organization)	
August 8, 2011		
(Date registered with Florida Department of	State)
M11000003983		
	(Florida Document Number)	
This limited liability comp	pany is withdrawing its certificate of auth	ority in this state.
John	m Shacken	20
	(Signature of authorized representati	ive) AFT AN
John M. S	Strachan	DA BONESO
	(Typed or printed name of signee	

Filing Fee: \$25.00