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ACCOUNT NO. : 12000000195 REFERENCE: 358752 7407423 AUTHORIZATION : ( COST LIMIT ORDER DATE: October 30, 2014 ORDER TIME : 10:0 AM ORDER NO. : 358752-010 CUSTOMER NO: 7407423 FOREIGN FILINGS NAME: S J RETAIL FLORIDA, LLC \_\_\_ CORPORATE LIMITED PARTNERSHIP XXX LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_\_\_ CERTIFIED COPY \_\_\_\_ PLAIN STAMPED COPY XX CERTIFICATE OF STATUS CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER:

## **COVER LETTER**

	Registration Division o	on Section f Corporations			
SUBJEC		RETAIL FLORIDA			
SOBJEC	· · · · · · · · · · · · · · · · · · ·	(Name of Foreign Limited Liability Company)			
Dear Sir	or Madam	:			
The encid	osed withd	rawal and fee(s) are submitte	ed for filing.		
Please re	turn all con	rrespondence concerning this	s matter to the following	<b>3</b> :	
Robert	Hyde				
	<del></del>	(Name of Person)		-	
<del> </del>		ļ		_	
		(Firm/Cотралу)			
343 Sa	хопу К	oad		_	
		(Address)			
Johnst	own, CC	80534			
-		(City/State and Zip Co	de)	-	
For furthe	r informat	ion concerning this matter, p	olease call:		
Robert	Hyde		612	290-0775	
	(N	ame of Person)		Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Ciffon Building		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327			
1	Taliahassec	rtive Center Circle :, Florida 32301		assee, Florida 32314	
Enciosed .	is a check	for the following amount:			
□ S25 Fil	ing Fcc	☑ \$30 Filing Fee & Certificate of Status	☐ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy	

14 OCT 31 PH 3: 45
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

14 0C1 31 PH 3: 45

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

S J Retail Alorida, LLC
(Name of limited liability company)
Colorado
(Jurisdiction of its organization)
October 25, 2011
(Date registered with Florida Department of State)
Mrl 1 000 000 5372
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
(Signature of authorized representative)
Robert Hyde, Manager
(Typed or printed name of signee)

Filing Fee: \$25.00

14 OCT 31 PH 3: 45
SECRETARY OF STATE
AND AHASSEE, FLORID