

M12000007220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

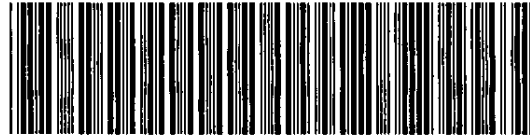
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300266636143

11/25/14--01009--003 \*\*30.00

FILED  
14 NOV 25 PM 3:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

G. HARVEY  
DEC 05  
EXAMINER

## COVER LETTER

**TO:** , Registration Section  
Division of Corporations

**SUBJECT:** Soundvape, 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:

Michael Khotoveli

(Name of Person)

Soundvape

(Firm/Company)

250 174th Street Suite 917

(Address)

Sunny Isles FL 33160

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Khotoveli

347

276-5606

at ( )

(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

FILED  
14 NOV 25 PM 3:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

SoundVape, LLC

(Name of limited liability company)

Wyoming

(Jurisdiction of its organization)

12/26/2012

(Date registered with Florida Department of State)

M12000007220

(Florida Document Number)

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



(Signature of authorized representative)

Michael Khotoveli

(Typed or printed name of signee)

SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

14 NOV 25 PM 3:32

FILED

**Filing Fee: \$25.00**