## \*M13000002411

	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:		





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SEURETARY OF STATE

K.SALY EXAMINER MAR – 6 2014

## **COVER LETTER**

TO: Registration Division of C				
SUBJECT: Dad	ddyScrubs LL	.C		
<u>-</u>	(Name of Fore	ign Limited Liability C	Company)	
Dear Sir or Madam:				
The enclosed withdra	wal and fee(s) are submitted	for filing.		
Please return all corre	espondence concerning this r	natter to the following:		
Cindy Yo	shitake			
	(Name of Person)			
DaddySc	rubs			
	(Firm/Company)			
381 Van I	Vess Ave., Si	uite 1504		
	(Address)			
Torrance,	CA 90501			
	(City/State and Zip Code	:)		
For further information	on concerning this matter, ple	ease call;		
Cindy Yo	shitake	<sub>at (</sub> 310	218-4163	
(Na	nme of Person)		Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Regist Divisio P.O. B	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

2014 MAR - 3 AM 11: 01

SECRETARY OF STATE TALLAHASSEE. FLORIDA

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

DaddyScrubs LLC
(Name of limited liability company)
California
(Jurisdiction of its organization)
4/16/2013
(Date registered with Florida Department of State)
M13000002411
(Florida Document Number)
This limited liability company withdrawing its certificate of authority in this state.

(Signature of authorized representative)

Robert P. Nickell

(Typed or printed name of signee)

Filing Fee: \$25.00