

10/19/2015 2:30:22 PM From: To: 8506176383(1/3)

Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)205-8842

Fax Number

: (850)878-5368

LLC DISSOLUTION OR WITHDRAWAL SILVERGENS LLC

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Corporate Filing Menu

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	ug.	COVI	CR LETTI	E R	· ε,	
TO:		istration Section ision of Corporations				
SUBJECT	CT:	SilverGens LLC				
		(Name of Foreign Limited Liability Company)				
Dear Sir	r or λ	Andam:				
The enc	losec	withdrawal and fee(s) are submitted for	filing.			
Please r	etum	all correspondence concerning this matte	er to the follow	ing:		
Steph	en .	A. Carroil				
		(Name of Person)				
Stubb	s A	lderton & Markiles, LLP				
		(Firm/Company)			77	
15260) Ve	entura Bivd., 20th Floor			SECRE	
		(Address)	·		ASS	
Sherr	nan	Oaks, CA 91403				
		(City/State and Zip Code)		_	FST	
For furt	her it	nformation concerning this matter, please	call:		RIOA	
Steph	ien .	A. Carroli	818 at (444-4527		
		(Name of Person)		e & Daytime Telephone No	ımber)	
	Reg	REET/COURIER ADDRESS: distration Section dision of Corporations	Re	AILING ADDRESS: gistration Section		

Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

P.O. Box 6327 Tallahassec, 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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

SilverGens LLC	
(Name of limited liability company)	·
DE	
(Jurisdiction of its organization)	
08/28/2013	
(Date registered with Florida Department of State)	
M13000005430	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this (Signature of authorized representative)	2015 OCT 19 SECRETARY TALLAHASSE
Cesar Manuel Garcia	OCT RETA
(Typed or printed name of signee)	I A II: 20 RY OF STATE SEES, FLORID

Filing Fee: \$25.00