## M13000001551

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	<del> </del>
(Document Number)	
Certified Copies Certificates of Statu	ns
Special Instructions to Filing Officer:	
	;
WRONZ FORM	
Office Use Only	



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 12, 2017

MATT LEIVA ML SOCCER LLC 3850 DULLES SOUTH CT, STE. C CHANTILLY, VA 20151

SUBJECT: ML SOCCER LLC Ref. Number: M13000007551

SCLAR SARE THE STATE OF THE STA

We have received your document for ML SOCCER LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 717A00007072

www.sunbiz.org

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Some CLC  (Name of Foreign Limited Liability Company)
(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:
Matias Leiva (Name of Person)
MC Soccer CC (Firm/Company)
3850 Dalles South Ct #C
Chantilly UA 2015/ (City/State and Zip Code)
For further information concerning this matter, please call:
Mn + Le iva at (703) 400 7012  (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person)  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  (Area Code & Daytime Telephone Number)  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 \$\square \text{\$\square}\$\$ \$30 Filing Fee & \$\square \text{\$\square}\$\$ \$Certificate of Status \$\square\$\$ Certified Copy \$\square\$\$ Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

ML Soller LC Ex	THE LIES	1
(Name of limited liability company)	700	_ 'm
Vra60NA	556.00	多,一
(Jurisdiction of its organization)	45.5	0,0
Date registered with Florida Department of State)	Alle	. 0
(Date registered with Florida Department of State)		<del></del>
M1300000 7551		_
(Florida Document Number)		
This limited liability company is withdrawing its certificate of authority in this state.		
N. C.		
(Signature of authorized representative)		
Matigs Coiva		
(Typed or printed name of signes)		

plrendy paid

Filing Fee: \$25.00