## M14 000004712

(Address)
(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

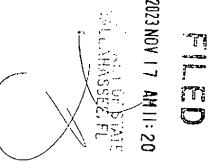


600417570426

11/17/23--01001--027 \*\*50.00

2023 NOV 17 PM 2: 43
SECRETARY OF STATE
TALLAMASSEE, FLORIDA

RECEIVED



CORPORATE
ACCESS, _

## When you need ACCESS to the world



INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## **WALK IN**

DICK HD.

	CERTIFIED COPY	Y	
XX	РНОТОСОРУ		
	GS		
XX	FILING	WITHDRAWL	
	SC GLOBAL MA	NAGED SERVICES LLC	2023
((	CORPORATE NAME AND E	OCUMENT #)	
			7
((	CORPORATE NAME AND D	OCUMENT #)	AHASSEE, F
			1: 20
((	CORPORATE NAME AND D	OCUMENT #)	
((	ORPORATE NAME AND D	OCUMENT #)	
(C	ORPORATE NAME AND D	OCUMENT #)	
(C	ORPORATE NAME AND D	OCUMENT #)	
ECIAL			
TRUCT	IONS:		

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

	(Name of limited liability company)	
DELAWARE		
	(Jurisdiction of its organization)	
07/02/2014		
	(Date registered with Florida Department of State)	<del></del>
M140000017	12	
	(Florida Document Number)	
This limited	liability company is withdrawing its certificate of authority in this s	tate.
(If an effecti more than 9 Note: If the	ate, if other than the date of filing:  ive date is listed, the date must be specific and cannot be prior to dat 0 days after filing.)  date inserted in this block does not meet the applicable statutory fili I not be listed as the document's effective date on the Department of	ng requirements,
	n ll	
	(Signature of authorized representative)	_
	(Signature of authorized representative)	202: Ta
	(Signature of authorized representative)	ZOZ3 NOV I

Filing Fee: \$25.00