

M14 CCCCOC 7151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

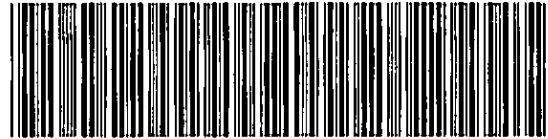
(Business Entity Name)

(Document Number)

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

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2022 MAR -2 AM 5:06

CLERK OF STATE  
TALLAHASSEE, FL

withdrawal

MAR 07 2022

I ALBRITTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sales Capability 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:

Bruce Petter  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

8021 Blueedge Lane  
(Address)

Panama FL 33067  
(City/State and Zip Code)

For further information concerning this matter, please call:

Bruce Petter at ( 754 ) 229 8935  
(Name of Person) (Area Code & Daytime Telephone Number)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Pro speculatio



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 MAR -2 AM 11:21

SECRETARY OF STATE  
TALLAHASSEE, FL

February 17, 2022

BRUCE PETERS  
8021 BLUERIDGE LANE  
PARKLAND, FL 33067

SUBJECT: SALES CAPABILITY, LLC  
Ref. Number: M14000007151

We have received your document for SALES CAPABILITY, 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 Limited Liability Company, but your entity is a Foreign Limited Liability Company. 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) 245-6050.

Irene Albritton  
Regulatory Specialist III

Letter Number: 422A00003983


## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

<u>Solen Capital LLC</u> (Name of limited liability company)	<b>FILED</b> 2022 MAR -2 AM 5:06 SECRETARY OF STATE TALLAHASSEE, FL
<u>Florida 01410</u> (Jurisdiction of its organization)	
<u>10/02/2014</u> (Date registered with Florida Department of State)	
<u>M 14000007151</u> (Florida Document Number)	

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

Effective Date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

  
(Signature of authorized representative)

Bruce Peter  
(Typed or printed name of signee)

Filing Fee: \$25.00