M1500000 9707

	(Requestor's Name)				
	(Address)				
	(Address)				
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APR 12 2016 J SHIVERS

COVER LETTER

Div		Corporations ,				
SUBJECT:	SELF	ATS PORTFOLIO 1	LLC			
(Name of Foreign Limited Liability Company)						
Dear Sir or N	Madam:					
The enclosed	d withdra	wal and fee(s) are submitte	d for filing.			
Please return	all corr	espondence concerning this	matter to the following	g:		
Sherry Pe	everini					
		(Name of Person)	***	_		
SELPATS	S POR	TFOLIO 1, LLC				
		(Firm/Company)		-		
10 Harris	Court	, Suite B-1		•		
		(Address)		_		
Monterey	, CA 9	3940				
		(City/State and Zip Cod	e)	_		
For further in	nformatio	on concerning this matter, p	lease call:			
Sherry Pe	everini		831	649-0220		
	(Na	me of Person)		Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a	a check	for the following amount:				
☑ \$25 Filing	g 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

SELPATS PORTFOLIO 1, LLC			
(Name of limited liability company)			
DELAWARE			
(Jurisdiction of its organization)			
November 13, 2015			
(Date registered with Florida Department of State)			
M1500009207			
(Florida Document Number)	•		
This limited liability company is withdrawing its certificate of authority in this state.			
(Signature of authorized representative) Christopher R. Orosco (Typed or printed name of signee)	AHASSEE FLU	16 APR MHI	Tarent de la constant
		n n	

Filing Fee: \$25.00