(Re	equestor's Name)				
(Ac	ldress)				
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 583567 7144145
AUTHORIZATION: THE BEEN AND THE PROPERTY OF TH
COST LIMIT : \$ 25.00
ORDER DATE: December 22, 2020
ORDER TIME : 10:46 AM
ORDER NO. : 583567-010
CUSTOMER NO: 7144145
FOREIGN FILINGS
NAME: SOANE MINING LLC
CORPORATE LIMITED PARTNERSHIP XXX LIMITED LIABILITY COMPANY
XXXX WITHDRAWAL/CANCELLATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF STATUS

EXAMINER:

CONTACT PERSON: Eyliena Baker - EXT#

COVER LETTER

		section Corporations		
SUBJECT:	Soane	Mining LLC		
_		(Name of For	eign Limited Liability	Company)
Dear Sir or M	ladam:			
The enclosed	withdra	awal and fee(s) are submitte	d for filing.	
Please return a	all corr	espondence concerning this	matter to the following	ıg:
David Soane				
		(Name of Person)		_
Soane Labs L	LC			
		(Firm/Company)		_
7880 Central	Industr	rial Drive, Suite 201		
		(Address)		_
Riviera Beach	h, FL 3	3404		
		(City/State and Zip Cod	u)	_
For further inf	formati	on concerning this matter, p	lease call:	
David Soane			510	376-1425
	(No	nme of Person)	at (
	ling Ad istratio	dress: on Section		Street Address: Registration Section
Division of Corporations			Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 8		
	and is			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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Soane Mining I	I.C	
	(Name of limited liability company)	_
Delaware		
	(Jurisdiction of its organization)	
April 22, 2016		
	(Date registered with Florida Department of State)	
6000003352		
	(Florida Document Number)	
This limited l	iability company is withdrawing its certificate of authority in	this state.
(If an effective more than 90 Note: If the d	e. if other than the date of filing: e date is listed, the date must be specific and cannot be prior days after filing.) ate inserted in this block does not meet the applicable statuto not be listed as the document's effective date on the Department.	ory filing requirements.
	David Soake 10.AF5057E9694E9 (Signature of authorized representative)	
	David Soane	ANDIN DEC 23
	(Typed or printed name of signee)	23 AM 8: 07

Filing Fee: \$25.00