

M16000007793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

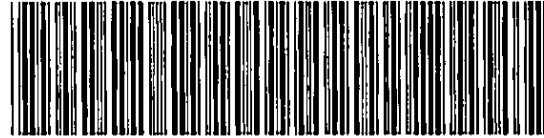
(Business Entity Name)

(Document Number)

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2017 JUL 24 PM 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 27 2017  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: House of Second Chance, 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:

Sandra Maria Lindo

(Name of Person)

(Firm/Company)

2560 South Ocean Blvd. Apt 616

(Address)

Palm Beach, FL 33480

(City/State and Zip Code)

For further information concerning this matter, please call:

Sandra Lindo

(Name of Person)

at ( 843 ) 2908170

(Area Code & 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 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

House of Second Chance, LLC

(Name of limited liability company)

Nevada

(Jurisdiction of its organization)


09.26.2016

(Date registered with Florida Department of State)

M16000007793

(Florida Document Number)

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

  
(Signature of authorized representative)

Sandra Maria Lindo

(Typed or printed name of signee)

Filing Fee: \$25.00

**FILED**  
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TALLAHASSEE, FLORIDA