## MI200000250

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(OKYOTATO/LIPA NOTICE #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900426033909

03/19/24--01020--013 \*\*25.00

62.50

R. HUMT C-3/15/24

## **COVER LETTER**

TO:	Registratio Division of	n Section Corporations			
SUBJE		SC Property, LLC			
SODJE		(Name of Fore	ign Limited Liability	Company)	<del></del>
Dear Si	r or Madam:				
The end	losed withdi	rawal and fee(s) are submitted	l for filing.		
Please i	return all cor	respondence concerning this	matter to the following	ß:	
Heidi C	Graves				
		(Name of Person)	<u> </u>	_	
		(Firm/Company)		_	6.) 
912 Gr	een Arbor D	rive			•
		(Address)			, p
Fenton	, MO 63026				13 5: 22 13 5: 22
	<u> </u>	(City/State and Zip Code	<u> </u>	_	
For fur	ther informat	tion concerning this matter, p	lease call:		
Heidi (	Graves		314 at (	550-5898 )	
_	(1)	lame of Person)		& 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 81 Tallahassee, FL 32303	
Enclos	ed is a checl	k for the following amount:			
<b>≣\$</b> 25	Filing Fee	☐ \$30 Filing Fee & Certificate of Status	☐\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fo Certificate o Certified Co	of Status &

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

122 SSC Property, LLC
(Name of limited liability company)
State of Missouri
(Jurisdiction of its organization)
January 10, 2017
(Date registered with Florida Department of State)
M17000000250
(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: April 8, 2024 (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)    HEIDI CHAUCS MANAGER

Filing Fee: \$25.00