M17000008902

(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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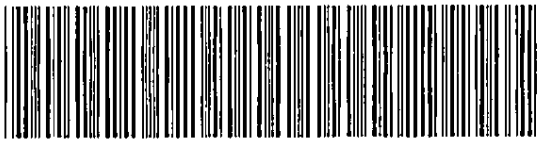

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**DATE:** **4/23/20**

**NAME:** SHELTON RESIDENTIAL ANCILLARY SERVICES LLC

**TYPE OF FILING:** **WITHDRAWAL**

**COST:** **25.00**

**RETURN:** **PLAIN COPY PLEASE**

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ACCOUNT: **FCA000000015**

**AUTHORIZATION:** **ABBIE/PAUL HODGE**

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# COVER LETTER

**TO:** Registration Section
Division of Corporations

**SUBJECT:** Shelton Residential Ancillary Services, 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:

Nicole Mandarino
(Name of Person)

Shelton Residential LLC
(Firm/Company)

2850 E. Camelback Road Suite 300
(Address)

Phoenix Arizona 85016
(City/State and Zip Code)

For further information concerning this matter, please call:

Nicole Mandarino at (602) 818-3076
(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

2020 APR 23 AM 10:00

# NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Shelton Residential Ancillary Services, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

October 18, 2017

(Date registered with Florida Department of State)

M17000008902

(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)

Thomas Shelton

(Typed or printed name of signee)

**Filing Fee: $25.00**