## M1700000 9889

(R	equestor's Name)		
(A	ddress)		
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☐ blck-∩b	☐ WAIT	MAIL	
(B	usiness Entity Name)		
(D	ocument Number)	<del></del>	
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## **COVER LETTER**

Division o	n Section f Corporations		
FCCp	rep LLC		
SUBJECT:			
	(Name of Fo	reign Limited Liability	Company)
Dear Sir or Madam	:		
The enclosed withd	rawal and fee(s) are submitte	d for filing.	
Please return all cor	respondence concerning this	matter to the following	::
Evan Soileau			
	(Name of Person)		-
FCCprep LLC			
	(Firm/Company)		-
P.O. Box 8603			
	(Address)		-
Madeira Beach, FL			
, , , , , , , , , , , , , , , , , , , ,	(City/State and Zip Cod	le)	
For further informat	ion concerning this matter, p	lease call:	
Evan Soileau		727	439-1253
	<del></del>	at (	.)
4)	fame of Person)	(Area Code &	Daytime Telephone Number)
Registratio	COURIER ADDRESS:  n Section f Corporations	Regist	JNG ADDRESS: tration Section on of Corporations
Clifton Building P.		P.O. E	Box 6327 passee, Florida 32314
Enclosed is a check	for the following amount:		
■ \$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

	G <sup>2</sup>
FCCprep LLC	
(Name of limited liability comp	any)
	,
DE	-
(Jurisdiction of its organization	m)
11/20/2017	(11)
	c <sup>o</sup>
(Date registered with Florida Departme	ent of State)
M17000009889	
(Florida Document Number	)
This limited liability company is withdrawing its certificate of Effective Date, if other than the date of filing:  (If an effective date is listed, the date must be specific and car more than 90 days after filing.)  Note: If the date inserted in this block does not meet the applithis date will not be listed as the document's effective date on	(optional) nnot be prior to date of filing or icable statutory filing requirements.
(Signature of authorized repres	entative)
(Typed or printed name of s	ignee)

Filing Fee: \$25.00