

M18 000 000 734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

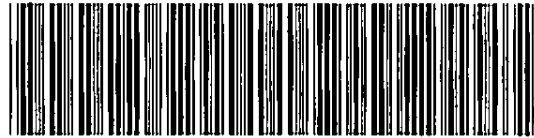
(Document Number)

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2022 JUN -3 AM 10:20  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SRP 2013-2, 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:

Brian Newman

\_\_\_\_\_  
(Name of Person)

c/o Shelving Rock, LLC

\_\_\_\_\_  
(Firm/Company)

601 Brickell Key Dr., Ste 700

\_\_\_\_\_  
(Address)

Miami, FL 33131

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Brian Newman

\_\_\_\_\_  
(Name of Person)

866

598-2546

at (

\_\_\_\_\_) \_\_\_\_\_  
(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

FILED

2021 JAN -3 AM 10:20

SECRETARY OF STATE

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

SRP 2013-2, LLC

\_\_\_\_\_  
(Name of limited liability company)

Delaware

\_\_\_\_\_  
(Jurisdiction of its organization)

01/22/2018

\_\_\_\_\_  
(Date registered with Florida Department of State)

M18000000734

\_\_\_\_\_  
(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: December 31, 2021 (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)

Brian Newman

\_\_\_\_\_  
(Typed or printed name of signee)

**Filing Fee: \$25.00**