M18 000 000 789

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Decision Faith Mann)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Operation and the state of the
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SECRETARY OF STAT



COVER LETTER

TO: Registration Division of	n Section Corporations		•	
SRP 2	015-1, LLC			
SUBJECT:	(Name of For	eign Limited Liability	Company)	
Dear Sir or Madam:				
The enclosed withdr	rawal and fee(s) are submitte	d for filing.		
Please return all cor	respondence concerning this	matter to the following	g:	
Brian Newman				
	(Name of Person)		_	
c/o Shelving Rock, LLC				2021 . SECT
	(Firm/Company)			AN
601 Brickell Key D	rive, Ste 700			2021 JAN -4 PH 1: 08 SECRETAIN OF STATE TALLAND SSEE. FL
	(Address)		_	1. C
Miami, FL 33131			_	TH 30
	(City/State and Zip Cod	e)		
For further informat	ion concerning this matter, p	lease call:		
John Weiss		203 at (993-6224	
(N	ame 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 Corporatio The Centre of Tallahas 2415 N. Monroe Street Tallahassee, FL 32303	ssee t, Suite 810	
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

SRP 2015-1, LLC				
	(Name of limited liability company)			
Delaware				
	(Jurisdiction of its organization)			
01/22/2018		AT.	2021	acas.
	(Date registered with Florida Department of State)	1-6	AX	_1
M18000000789		AHA AHA	+-	
	(Florida Document Number)	SSEE	PH 1	
This limited liability co	mpany is withdrawing its certificate of authority in the	his <u>state</u> .		
Effective Date, if other	than the date of filing: December 31, 2020		optiona	
more than 90 days after	isted, the date must be specific and cannot be prior to filing.)	date of	ming (or
	ed in this block does not meet the applicable statutory ed as the document's effective date on the Department	_	-	
	lan —			
	(Signature of authorized representative)			
Brian Nev	vman			
	(Typed or printed name of signee)			

Filing Fee: \$25.00