M18 000 000790

(Red	questor's Name)			
(Add	dress)			
(Add	dress)			
(City	y/State/Zip/Phone #	f)		
(,			
PICK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Name	:)		
(Doc	cument Number)			
(20)				
Certified Copies Certificates of Status				
Special Instructions to I	Filing Officer:			





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2021 NOV -5 PH 12: 28

C. BRUMBLEY

COVER LETTER

TO:	Registratio Division of	n Section Corporations		
CUD II		013-2RE1, LLC		
SUBJI	:CI:	(Name of For	reign Limited Liability	Company)
Dear S	ir or Madam:			
The en	closed withdr	awal and fee(s) are submitte	ed for filing.	
Please	return all con	respondence concerning this	matter to the following	g:
Brian i	Newman			
		(Name of Person)		_
c/o Sh	elving Rock,	LLC		
		(Firm/Company)		_
3 Corp	orate Dr., Sto	208		
		(Address)	·	_
Shelto	n, CT 06484			
		(City/State and Zip Cod	le)	_
For fur	ther informat	ion concerning this matter, p	blease call:	
Brian I	Newman		866 at (598-2546
	(N	ame of Person)		& Daytime Telephone Number)
	Division of P.O. Box	on Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclos	ed 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 Conv

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

SRP 2013-2RE1.	LLC	2021 N
	(Name of limited liability company)	
Delaware		-5 T
	(Jurisdiction of its organization)	R D
01/22/2018		22
	(Date registered with Florida Department of State)	
M18000000790		
	(Florida Document Number)	
more than 90 da Note: If the dat	date is listed, the date must be specific and cannot be prior to tays after filing.) e inserted in this block does not meet the applicable statutory of be listed as the document's effective date on the Departme	y filing requirements.
	(Signature of authorized representative)	
;	Brian Newman	
_	(Typed or printed name of signee)	_

Filing Fee: \$25.00