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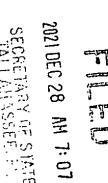
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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COVER LETTER

TO:	Registration o	on Section f Corporations		
		I, LLC		•
SUBJ	ECT:	(Name of Fo	reign Limited Liability	Company)
Dear S	Sir or Madam	;		
The er	nclosed withd	rawal and fee(s) are submitte	ed for filing.	
Please	return all con	rrespondence concerning this	matter to the followin	g:
Brian	Newman			
		(Name of Person)		_
c/o Sł	nelving Rock,	LLC		
		(Firm/Company)		_
601 B	rickell Key [Dr., Ste 700		
		(Address)		_
Miam	i, FL 33131			
· ·		(City/State and Zip Coo	de)	_
For fu	rther informa	tion concerning this matter.	olease call:	
Brian	Newman		866 at (598-2546
	()	Name 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 Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclo	sed is a chec	k for the following amount:	:	
≡\$ 25	5 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status &

FILED

2021 DEC 28 AM 7: 07

SECRETARY OF STATE TALLAPASSEE, FL NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

S181, LLC	
(Name of limited liability company)	
elaware	
(Jurisdiction of its organization)	
1/29/2018	
(Date registered with Florida Department of State)	
18000001004	
(Florida Document Number)	
riselimited liability company is withdrawing its certificate of authority in this state. Tective Date, if other than the date of filing: December 31, 2021 (optional) (an effective date is listed, the date must be specific and cannot be prior to date of filing or one than 90 days after filing.) Oute: If the date inserted in this block does not meet the applicable statutory filing requirements date will not be listed as the document's effective date on the Department of State's recommendation.	ents,
(Signature of authorized representative) Brian Newman	
(Typed or printed name of signee)	

Filing Fee: \$25.00