

M19 000000822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

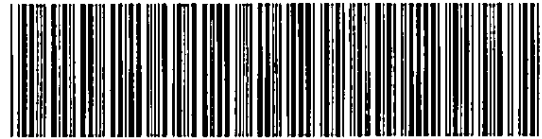
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

wrong form.

Office Use Only



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10/28/22--01018--020 **25.00

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SECRETARY OF STATE
TALLAHASSEE, FL

Withdrawal

MAR 15 2023

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIT Cloud, LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mariam Behashti
(Name of Person)

Schoolhouse Development
(Firm/Company)

3115 E. Lion Lane, # 300
(Address)

Salt Lake City, UT 84121
(City/State and Zip Code)

For further information concerning this matter, please call:

Mariam Behashti at (801) 792-4252
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

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

SECRET
TALLAHASSEE
DIVISION OF STATE
CORPORATIONS
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2023

MARIAM BEHASHTI
SCHOOLHOUSE DEVELOPMENT
3115 E LION LANE, #300
SALT LAKE CITY, UT 84121

SUBJECT: SH CLOUD LLC
Ref. Number: M19000000822

We have received your document for SH CLOUD LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

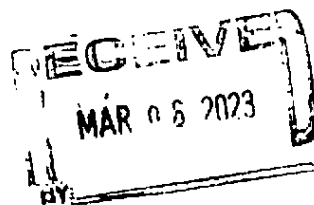
The form you submitted is for a Florida Limited Liability Company, but your entity is a Foreign Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 523A00002348



NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

SH Cloud, LLC
(Name of limited liability company)

Florida
(Jurisdiction of its organization)

1/24/2019
(Date registered with Florida Department of State)

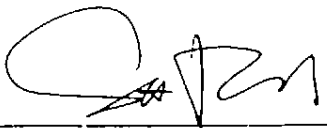
M19000000822
(Florida Document Number)

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2023 MAR -6 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FL

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: _____ (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)

(Typed or printed name of signee)