Number 4850/647-6383 orida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BRICK BUSINESS LAW, P.A.

Account Number : I20230000178 Phone : (813)816-1816 Fax Number : (813)692-1982

LLC DISSOLUTION OR WITHDRAWAL SCJ HOLDINGS-A, LLC

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K. SALY APR 12 2024

Fax Number : (850)617-6383

10-Apr-2024 24:20 To: +18506176383 From: +18135442006 p.3

Fax Number : (850)617-6383

COVER LETTER

TO: Registratio Division of	n Section f Corporations		
	OLDINGS-A, LLC		
SUBJECT:	(Name of Fo	reign Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withda	rawal and fee(s) are submitte	ed for filing.	
Please return all cor	respondence concerning this	matter to the followin	æ
DANIELLE PEYN	ADO		
	(Name of Person)		_
BRICK BUSINESS	S LAW, P.A.		
	(Firm/Company)	· · · · · · · · · · · · · · · · · · ·	
3413 W FLETCHE	R AVE		
	(Address)		_
TAMPA, FLORIDA	A 33618		
	(City/State and Zip Coc	le)	una.
For further informat	ion concerning this matter, p	olease call:	
DANIELLE PEYN	ADO	813 at (816-1816
(N	ame of Person)		& Daytime Telephone Number)
Division P.O. Box	ion Section of Corporations		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

Fax Number : (850)617-6383

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

		1.02±	~
SCJ HOLDINGS	S-A, LLC	MAN IN AN AND	
	(Name of limited liability company)	<u> </u>	` ` `
TEXAS		6.	,
****	(Jurisdiction of its organization)	35.	
04/17/2020		316.	โด
	(Date registered with Florida Department of State)		
M20000003952			
	(Florida Document Number)		
This limited li	ability company is withdrawing its certificate of authority in this stat	æ.	
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 cannot days after filing.)	· • ·	
Note: If the da	ate inserted in this block does not meet the applicable statutory filing not be listed as the document's effective date on the Department of S		
	Scott C. Jones		
	(Signature of authorized representative)		
	SCOTT C. JONES, MGRM		
	(Typed or printed name of signee)		

Filing Fee: \$25.00

Fax Number : (850)617-6383