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NAME: PORT CHARLOTTE SS ASSOCIATES, LLC

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# **COVER LETTER**

TO: Registratio Division of	n Section Corporations		
	harlotte SS Associates, LLC		
SUBJECT:	(Name of For	eign Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withdr	rawal and fec(s) are submitte	d for filing.	
Please return all cor	respondence concerning this	matter to the followin	g:
Kristen M. Froese			
	(Name of Person)		_
Katten Muchin Ros	enman LLP		
	(Firm/Company)		
525 West Monroe S	Street		
	(Address)		_
Chicago, IL 60661-	3693		
	(City/State and Zip Cod	c)	_
For further informat	ion concerning this matter, p	lease call:	
Kristen M. Froese		312 at (	902-5456
(N	ame of Person)	(Area Code &	& 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
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

Port Charlotte SS A	ssociates, LLC			
	(Name of limited liability company)			<del></del>
Delaware				
	(Jurisdiction of its organization)	<u>-</u>	<b></b>	
June 23, 2020				
	(Date registered with Florida Department of State)			
M120000005549-	M2000000 5549			
	(Florida Document Number)			
This limited liab	ility company is withdrawing its certificate of authority in this	s state.		
(If an effective d more than 90 da <b>Note:</b> If the date	f other than the date of filing:  ate is listed, the date must be specific and cannot be prior to days after filing.)  inserted in this block does not meet the applicable statutory for be listed as the document's effective date on the Department	late of fil	uireme	ents,
_	/s/ Rence L. Kenyon			
R	(Signature of authorized representative) enee L. Kenyon	TALLAHAS	2023 SEP 26	
_	(Typed or printed name of signee)	LAHASSEE, FLORIDA	26 PM 1: 33	

Filing Fee: \$25.00