

# M20000004177

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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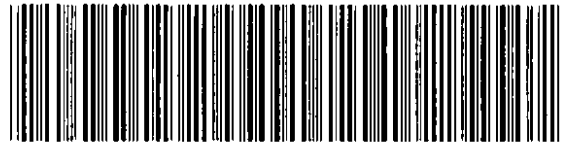
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**DATE: 09/26/2023**

**NAME: SHEPHERD SS ASSOCIATES, LLC**

**TYPE OF FILING: WITHDRAWAL**

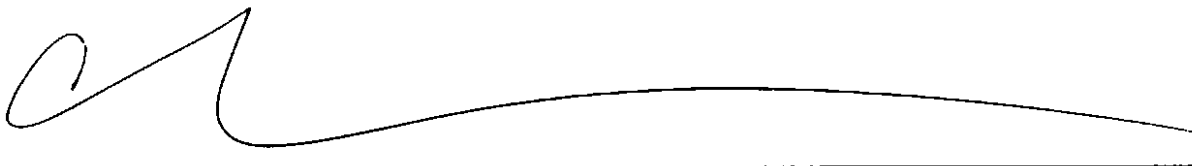
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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Shepherd SS Associates, LLC

\_\_\_\_\_  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kristen M. Froese

\_\_\_\_\_  
(Name of Person)

Katten Muchin Rosenman LLP

\_\_\_\_\_  
(Firm/Company)

525 West Monroe Street

\_\_\_\_\_  
(Address)

Chicago, IL 60661-3693

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kristen M. Froese

312

902-5456

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
(Name 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

Shepherd SS Associates, LLC

\_\_\_\_\_  
(Name of limited liability company)

Delaware

\_\_\_\_\_  
(Jurisdiction of its organization)

October 14, 2020

\_\_\_\_\_  
(Date registered with Florida Department of State)

M120000009177

M20000009177

\_\_\_\_\_  
(Florida Document Number)

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.

/s/ Renee L. Kenyon

\_\_\_\_\_  
(Signature of authorized representative)

Renee L. Kenyon

\_\_\_\_\_  
(Typed or printed name of signee)

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2023 SEP 26 PM 1:35

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Filing Fee: \$25.00