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## **COVER LETTER**

	Registration S Division of C			
SUBJEC <sup>*</sup>		E VENTURES, LLC		
SODULE	••	(Name of For	reign Limited Liability	Company)
Dear Sir o	r Madam:			
The enclo	sed withdray	val and fee(s) are submitte	ed for filing.	
Please reti	am all corres	pondence concerning this	matter to the following	g:
VICTORI	A MORAES	S		
		(Name of Person)		-
ASSELFI	S INTERNA	TIONA LLC		
		(Firm/Company)		_
7657 GOI	.F CHANNI	EL DR		
		(Address)		_
ORLAND	O, FL, 3281	9		
		(City/State and Zip Cod	e)	_
For furthe	r information	n concerning this matter, p	lease call:	
VICTORI	A MORAES	3	786 at (	851-2585
	(Nam	ne of Person)		& Daytime Telephone Number)
R D P	O. Box 6	Section Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed i	is a check fo	r the following amount:		
≅\$25 Fil	ing 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

2FUTURE VENT	URES, LLC	
	(Name of limited liability company)	
DELAWARE		
<del>_</del>	(Jurisdiction of its organization)	
04/12/2021		
	(Date registered with Florida Department of State)	
M21000004510		
	(Florida Document Number)	
(If an effective of more than 90 da <b>Note:</b> If the date	if other than the date of filing:	ts, ls.
-	Dictoria Moraes Gold  (Signature of authorized representative)	
<u> </u>	/ICTORIA MORAES  (Typed or printed name of signes)	

Filing Fee: \$25.00