MAICCEOLFS

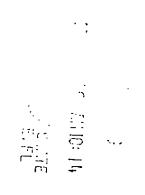
(Requestor's Name)
(Address)
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08/16/24

COVER LETTER

TO:

Registration Section

Division o	f Corporations				
SUBJECT. Shou	itly Management, LLC				
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		eign Limited Liability	Company)		
Dear Sir or Madam:					
The enclosed withd	rawal and fee(s) are submitted	d for filing.			
	respondence concerning this		2:		
Christopher Cos	stello				
	(Name of Person)		_		
					•
	(Firm/Company)		_		
	(and aniparty)				. ~
633 Altura Dr.				7. ! 	
	(Address)				
Cocoa, FL 3292	27			1.1	
.,—	(City/State and Zip Cod	e)	_		
For the ther informa	tion concerning this matter, p	dease call:			
Christopher Co		at (321	_) _591-6824		
(;	Name of Person)	(Area Code 8	& Daytime Telephone Numb	er)	
STREET	COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section		Registration Section			
Division of Corporations Clitton Building		Division of Corporations P.O. Box 6327			
2661 Exec	nuting nutive Center Circle e, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a chec	k for the following amount:				
¥ \$25 Filing Fee	□ \$30 Filing Fee &	S55 Filing Fee &	☐ \$60 Filing Fee,		
	Certificate of Status	Certified Copy	Certificate of Status Certified Copy	s &	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Snoutly Management, LLC	
(Name of limited liability company)	
Alaska	, •
(Jurisdiction of its organization)	
05/10/2021	
(Date registered with Florida Department of State)	
M2100006759	- FE
(Florida Document Number)	声言
This limited liability company is withdrawing its certificate of authority in this s	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 dat more than 90 days after filing.)	
Note: If the date inserted in this block does not meet the applicable statutory fili	ng requirements,
his date will not be listed as the document's effective date on the Department o	
(Signature of authorized representative)	
(Signature of authorized representative)	
Christopher Costello	
(Typed or printed pame of cionae)	

Filing Fee: \$25.00