## M21000009144

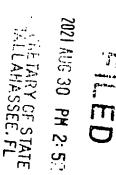
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## **COVER LETTER**

TO: Registratio Division of	n Section f Corporations		
CIRC SUBJECT:	LE OF SUCCESS MANAG	EMENT, LLC	
.,object	(Name of For	eign Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withdo	rawal and fee(s) are submitte	d for filing.	
Please return all cor	respondence concerning this	matter to the followin	g:
CAROLYN H. SPE	ЕСНТ		
(Name of Person)			_
CHS BUSINESS C	ONSULTANTS, INC.		
(Firm/Company)		_	
50 MONTROSE R	D		
	(Address)	· ·-	_
YONKERS, NY 10	9710		
·	(City/State and Zip Cod	e)	_
For further informat	ion concerning this matter, p	dease call:	
CAROLYN H. SPE	ЕСНТ	914 at (	961-1649
(N	Jame of Person)	(Area Code &	© 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 81 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

CIRCLE OF SUCCESS MANAGEMENT, LLC
(Name of limited liability company)
CALIFORNIA
(Jurisdiction of its organization)
06/21/2021
(Date registered with Florida Department of State)
M21000009144
(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.
(Signature of authorized representative)  KAREEM BURKE
(Typed or printed name of signee)

Filing Fee: \$25.00