

M21 0000 13231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

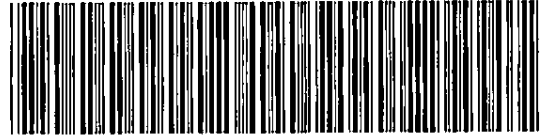
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500444365795

02/11/25--01006--006 **25.00

FILED
2025 FEB 11 AM 11:45
TALLAHASSEE, FL

AB

KOTZ SANGSTER
ATTORNEYS AND COUNSELORS AT LAW

36700 WOODWARD AVENUE
SUITE 202
BLOOMFIELD HILLS, MI 48304
(248) 646-1050 Main
(248) 646-1054 Fax
WWW.KOTZSANGSTER.COM

Madison E. Wright, Esq.
(248) 646-6152 Direct
mwright@kotzsangster.com

February 3, 2025

Florida Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

**RE: NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY
967 SHOSHONE PORTFOLIO, LLC**

Enclosed is the Cover Letter and filing fee of \$25.00 regarding the Notice of Withdrawal of Certificate of Authority for the above Florida entity. We have enclosed a stamped-return address envelope for your convenience for the return of a confirmed Letter of Acknowledgement.

If you have any questions, please let me know.

Very truly yours,

KOTZ SANGSTER WYSOCKI P.C.



MADISON E. WRIGHT

/caw
Enclosures
VIA-FIRST CLASS MAIL

8999.100

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 967 Shoshone Portfolio, 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:

John P. Ulrich, Jr.

(Name of Person)

Kotz Sangster Wysocki, P.C.

(Firm/Company)

36700 Woodward Avenue, Suite 202

(Address)

Bloomfield Hills, MI 48304

(City/State and Zip Code)

For further information concerning this matter, please call:

John P. Ulrich, Jr.

(Name of Person)

248

at (_____) _____

(Area Code & Daytime Telephone Number)

646-1050

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

FILED

2025 FEB 11 AM 11:45

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY
TALLAHASSEE, FL

967 Shoshone Portfolio, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

10/07/2021

(Date registered with Florida Department of State)

M21000013231

(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)

Richard Edwin Beckman

(Typed or printed name of signee)

Filing Fee: \$25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 967 Shoshone Portfolio, 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:

John P. Ulrich, Jr.

(Name of Person)

Kotz Sangster Wysocki, P.C.

(Firm/Company)

36700 Woodward Avenue, Suite 202

(Address)

Bloomfield Hills, MI 48304

(City/State and Zip Code)

For further information concerning this matter, please call:

John P. Ulrich, Jr.

(Name of Person)

248

646-1050

at (

_____) _____
(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

STAMP & RETURN

2025 FEB 11 AM 11:45

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY STATE
TALLAHASSEE, FL

967 Shoshone Portfolio, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

10/07/2021

(Date registered with Florida Department of State)

M21000013231

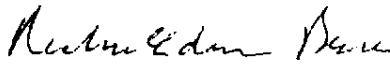
(Florida Document Number)

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)

Richard Edwin Beckman

(Typed or printed name of signee)

Filing Fee: \$25.00