

B140000000169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

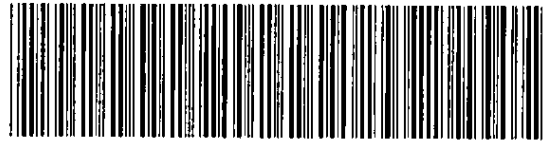
(Business Entity Name)

(Document Number)

Copies _____ Certificates of Status _____

Instructions to Filing Officer:

Office Use Only



800407900428

notice of
Cancellation

RECEIVED
MAY 1 11:39 AM
CLERK OF SUPERIOR COURT
STATE OF CALIFORNIA

2023 MAY -1 AM 11:39

RECEIVED

A. RAMSEY
MAY - 2 2023

CLERK OF STATE
OF CALIFORNIA
RECEIVED

2023 MAY -1 PM 12:17

FILED

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 711944 8119092

AUTHORIZATION :

COST LIMIT : \$ 52.50

ORDER DATE : May 1, 2023

ORDER TIME : 10:36 AM

ORDER NO. : 711944-015

CUSTOMER NO: 8119092

FOREIGN FILINGS

NAME: STRATEGIC DEALER SERVICES, LP

☐ CORPORATE
☒ LIMITED PARTNERSHIP
☐ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER: _____

**NOTICE OF CANCELLATION
FOR
FOREIGN LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

FILED
2023 MAY -1 PM 12 17
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Strategic Dealer Services, LP

(Name of foreign limited partnership or limited liability limited partnership)
B14000000169

(Florida Document Number of the Foreign LP or LLLP)
Texas

(Jurisdiction of formation)
07/16/2014

(Date authorized to transact business in Florida)

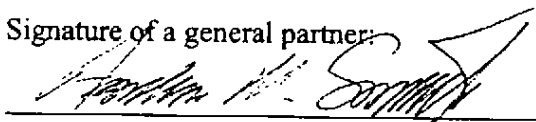
This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant to s. 620.1907, F.S.

This entity appoints the Florida Department of State as its agent for service of process for rights of action arising out of the transaction of business in this state.

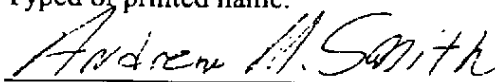
Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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 a general partner: _____



Typed or printed name: _____



Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75