## M07000000238

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| Special Instructions to Filing Officer:  |  |  |  |  |  |
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 627507 167868A AUTHORIZATION COST LIMIT ORDER DATE: April 19, 2022 ORDER TIME : 11:21 AM ORDER NO. : 627507-005 CUSTOMER NO: 167868A FOREIGN FILINGS NAME: ATLAS SECURITIES, LLC CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF STATUS

EXAMINER:

CONTACT PERSON: Eyliena Baker - EXT#

## **COVER LETTER**

|                   | Registration of      | on Section<br>f Corporations                 |                                       |  |
|-------------------|----------------------|--|---------------------------------------|--|
| SUBJEC            |                      | Securities, LLC                              |                                       |  |
| 3011411           | ·                    | (Name of F                                   | oreign Limited Liabilit               | y Company)   |
| Dear Sir          | or Madam             | :  |                                       |  |
| The encl          | osed withd           | rawal and fee(s) are submi-                  | tted for filing.                      |  |
| Please re         | turn all coi         | respondence concerning th                    | is matter to the following            | ığ;  |
| Beverly           | W. Jacks             | on   |                                       |  |
|                   |                      | (Name of Person)                             |                                       |  |
| Wells Fa          | argo & Co            | mpany  |                                       |  |
|                   |                      | (Firm/Company)                               | · · · · · · · · · · · · · · · · · · · |  |
| 401 S. T          | ryon Stre            | et, Floor 28                                 |                                       |  |
|                   |                      | (Address)                                    |                                       |  |
| Charlotte         | e, NC 282            | 02   |                                       |  |
|                   |                      | (City/State and Zip Co                       | ode)                                  |  |
| For furthe        | er informat          | ion concerning this matter,                  | please call:                          |  |
| Beverly \         | W. Jackso            | on   | 704                                   | 374-3021   |
|                   | (N                   | anie of Person)                              | at (at (Area Code :                   | & Daytime Telephone Number)  |
| !<br>1<br>!       | Division<br>P.O. Box | on Section<br>of Corporations                |                                       | 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                     | ::                                    |  |
| <b>∐\$2</b> 5 Fil | ling Fee             | ☐ \$30 Filing Fee &<br>Certificate of Status | □\$55 Filing Fee &<br>Certified Copy  | ☐ \$60 Filing Fee,  Certificate of Status &  Certified Conv.   |

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| Atlas Securities, LLC  |
|--|
| (Name of limited liability company)  |
| California   |
| (Jurisdiction of its organization)   |
| 1/12/2007  |
| (Date registered with Florida Department of State)   |
| M0700000238  |
| (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: upon 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. |
|  |
| Benesly W. Bocher<br>(Signature of authorized representative)  |
|  |
| Beverly W. Jackson, Assistant Secretary  |
| (Typed or printed name of signee)  |
|  |

Filing Fee: \$25.00