M18000002175

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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Account#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	02/2//2025	
Name:	Ovidshel Occean Jr.	_
Reference	#:2537357	_ _
		LIANCES COMPANY, LLC
_	les of Incorporation/Authorization	to Transact Business
	nge of Agent	
_	statement	
☐ Conv	version	
☐ Merg	ger	
⊘ Disse	olution/Withdrawal	
☐ Fictit	ious Name	
☐ Othe	er	
Authorized A	Amount: \$25.00	
Signature: _	O. Buen Jus	

F: 800.944.6607

F: +852.2682.9790

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

MIN	NE SAFETY APP	LIANCES COMP	'ANY, LLC			
	(Name of limi	ted liability compan	<u></u>			
	Per	nnsylvania				
	(Jurisdiction	of its organization))		_	
		/2/2018				
(1	Date registered with	Florida Department	of State)			
	M18	000002175				
	(Florida D	ocument Number)				
This limited liability comp	·		uthority in this		ional)	
Effective Date, if other that (If an effective date is liste more than 90 days after fill Note: If the date inserted in this date will not be listed.	d, the date must be ing.) n this block does n	specific and cannot ot meet the application	able statutory fil	ite of fili ling requ	ng or iremen	
	/s/ K	evin Cooke				
	(Signature of a	uthorized represen	ntative)			
	Ke	vin Cooke		TÄLLA	2025 F	
	(Typed or p	orinted name of sig	nee)	TÄLLAHÄSSEEJ FLORIDA	2025 FEB 27 PM 2: 47	TED

Filing Fee: \$25.00