

L07000040523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

MAR 17 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Secure Door Global, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Withdrawal Statement and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Salvatore M. DeCola, Managing Member

Name of Person

Secure Door Global, LLC

Firm/Company

1725 South Rainbow Blvd Ste 16-211

Address

Las Vegas, NV 89146

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Salvatore M DeCola

Name of Person

at (702)

Area Code

689-4148

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

MAILING ADDRESS:

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

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DEPT. OF STATE
TALLAHASSEE, FLORIDA

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WITHDRAWAL STATEMENT

Pursuant to section 605.0208, Florida Statutes, I hereby submit the following withdrawal statement withdrawing a record before it takes effect:

FIRST: The name of the limited liability company is: Secure Door Global, LLC

SECOND: The Florida Document number of the limited liability company is: L07000040523

THIRD: The record to be withdrawn is: Letter of Resignation

Filed on 12/26/2013 Letter Number: 514A00000229

FOURTH: Please check the appropriate box

☒ This withdrawal statement is signed by all the persons who signed the record being withdrawn.
or

☐ This record is withdrawn in accordance with the agreement of all the persons who signed the record.

Signature of person submitting withdrawal

Salvatore M. DeCola

Typed or printed name of signature

Signature of person submitting withdrawal

Typed or printed name of signature

Signature of person submitting withdrawal

Typed or printed name of signature

Signature of person submitting withdrawal

Typed or printed name of signature

Filing fee: \$25.00
Certified Copy: \$30.00 (optional)

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FLORIDA