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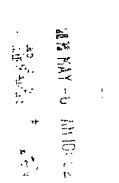
(Requestor's Name)				
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COVER LETTER

	egistration ivision of	Section Corporations			蒙 差
CHD IV/T		y Resources, LLC			
SUBJECT		(Name of For	eign Limited Liability	Company)	
Dear Sir o	r Madam:				*
The enclos	sed withdra	awal and fee(s) are submitted	d for filing.		
Please retu	ırn all corr	espondence concerning this	matter to the following	p:	
Ana Telle	ria				
		(Name of Person)		-	
Security F	Resources,	LLC			
		(Firm/Company)		_	
7542 Wau	ınaqua Dri	ve			
		(Address)		_	
Winter Pa	rk, FL 327	92			
		(City/State and Zip Cod	le)	_	
For furthe	r informati	on concerning this matter, p	lease call:		
Barbara II	m		352 at (552-3923	
	(N	ame of Person)		& Daytime Telephone Number)	1
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed	is a check	for the following amount:			
■ \$25 Fil	ling Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy	ψ.

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Security Resources, LLC	
(Name of limited liability company)	
Maryland	
(Jurisdiction of its organization)	
August 15, 2003	
(Date registered with Florida Department of State)	
M03000002787	
(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: December 31, 2018 (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 requirement this date will not be listed as the document's effective date on the Department of State's record	
(Signature of authorized representative)	
Ana Telleria (Typed or printed name of signee)	

Filing Fee: \$25.00