(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(only others are my
PICK-UP WAIT MAIL
(Business Entity Name)
(2-2
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
, HORNE
J. HOT.
J. HORNE JUN - 6 2023

Office Use Only



300409738663

2023 JUN -5 AMII: 11, 2029 JUN -5 AMII: 23

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

ACCOUNT NO. : 12000000195
REFERENCE : 756471 8124570
AUTHORIZATION : SARVINGE TORS
COST LIMIT : \$ 25.00
ORDER DATE: May 17, 2023
ORDER TIME : 9:08 AM
ORDER NO. : 756471-090
CUSTOMER NO: 8124570
FOREIGN FILINGS
NAME: SECURAMERICA, LLC
CORPORATE LIMITED PARTNERSHIP XX 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

TO: Registration Division of	n Section Corporations		
	America, LLC		
SUBJECT:	(Name of Fo	reign Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withdra	awal and fee(s) are submitte	ed for filing.	
Please return all corr	espondence concerning this	s matter to the followin	ag:
	(Name of Person)		_
	(Firm/Company)		_
	(Address)		_
	(City/State and Zip Coo	de)	_
For further information	on concerning this matter, p	olease call:	
Matthew Lambach		484 at (351.1708
(Ne	ime of Person)		& Daytime Telephone Number)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			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:		
□\$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	 \$60 Filing Fee. Certificate of Status & Certified Copy



NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

SecurAmerica, LI	.c
	(Name of limited liability company)
Georgia	
	(Jurisdiction of its organization)
07/23/2004	
	(Date registered with Florida Department of State)
M04000002959	
-	(Florida Document Number)
Effective Date, i (If an effective d more than 90 day Note: If the date	ility company is withdrawing its certificate of authority in this state. f other than the date of filing:
_	David 1. Buckman 1808FFF172181AB (Signature of authorized representative)
D —	(Typed or printed name of signee)

Filing Fee: \$25.00