

MO7000006804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100284352371

04/08/16--01009--019 \*\*25.00

DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA  
2016 APR -8 PM 4: 07  
FILED

K. SALY  
EXAMINER  
APR 11

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SECURITY NETWORKS ACCEPTANCE, LLC  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Esther Mathis  
(Name of Person)

Monitronics Security  
(Firm/Company)

P.O. Box 814530  
(Address)

Dallas TX 75381-4530  
(City/State and Zip Code)

For further information concerning this matter, please call:

Esther Mathis at (800) 235-9918 ext 73025  
(Name of Person) (Area Code & Daytime Telephone Number)

**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 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

FILED  
2016 APR -8 PM 4:07  
SUN. MAR 28 2016  
TALLAHASSEE FLORIDA

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**


SECURITY NETWORKS ACCEPTANCE, LLC  
\_\_\_\_\_  
(Name of limited liability company)

Delaware  
\_\_\_\_\_  
(Jurisdiction of its organization)

11/19/2007  
\_\_\_\_\_  
(Date registered with Florida Department of State)

M07000006804  
\_\_\_\_\_  
(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

  
\_\_\_\_\_  
(Signature of authorized representative)

David Verret  
\_\_\_\_\_  
(Typed or printed name of signee)

**Filing Fee: \$25.00**