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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Financial Advisor (Name of Fo	5 04 America preign Limited Liability (Company)	····		
Dear Sir or Madam:					
The enclosed withdrawal and fee(s) are submitt	ed for filing.				
Please return all correspondence concerning thi	s matter to the following	:		13 川県 24	·
Screethan Ferrer (Name of Person)			1885 F		
J.W. Cole Financial (Firm/Company)			FLERRIDA	PM 4: 02	
1930 Palomer Point Way	Suite 104				
Can kebud CIA CP2WY (City/State and Zip Co	rde)				
For further information concerning this matter,	please call:				
Jonathan Ferrer	at (160) 444-6300			
(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	Regist Divisi P.O. B	ING ADDRESS: ration Section on of Corporations fox 6327 assee, Florida 32314			
Enclosed is a check for the following amount	:				
\$25 Filing Fee \$\text{Certificate of Status}	□ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

Financial Advisors of America
(Name of limited liability company)
Cellifornia
(Jurisdiction of its organization)
M08000004915
M08000004915
(Florida Document Number)
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.
This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.
1930 Pulomar Point Way Switc 104 (Mailing address)
Con/2/2017, CA assos
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
(Signature of member or authorized representative of a member)
Jadi Johnster
(Typed or printed name of signee)

Filing Fee: \$25.00