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D. BRUCE
APR 2 9 2011
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Southeastern Fire Control, UC (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:
Pamela S. Wight (Name of Person)
Southeastern Fire Control, UC (Firm/Company)
18370 Kingsmill St.
LCLShvrg, VA 20176 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (804) 459- 2200 (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations

Enclosed is a check for the following amount:

2661 Executive Center Circle

Tallahassee, Florida 32301

Clifton Building

□ \$25 Filing Fee

\$30 Filing Fee & Certificate of Status

□ \$55 Filing Fee & Certified Copy

P.O. Box 6327

Tallahassee, Florida 32314

□ \$60 Filing Fee, Certificate of Status & Certified Copy

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

1

Southeastern Fire Control LCC (Name of limited liability company)
(Name of limited liability company)
(Jurisdiction of its organization)
M10000001567
(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.
18370 Kingsmill St. (Mailing address)
Lees burg VA 20176 (City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
famile 5. light
(Signature of member or authorized/representative of a member)
Pamela S Wright
(Typed or printed name of signee)
SON NO SO

Filing Fee: \$25.00