

M12000001571 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

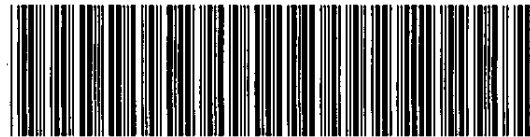
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/03/12--01015--017 **25.00

FILED

12 DEC 14 PM 5:06

PALEMBANG, FLORIDA

B. BOSTICK

DEC 17 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAFE EQUITY COMPANY, 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:

Anne Harrell
(Name of Person)

Insurance Specialty Group, LLC
(Firm/Company)

4501 Circle 75 Parkway, STE F-6200
(Address)

Atlanta, GA 30339
(City/State and Zip Code)

For further information concerning this matter, please call:

Anne Harrell at (678) 742-6377
(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
12 DEC 14 PM 5:06
TALLAHASSEE, FLORIDA

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

Safe Equity Company, LLC _____
(Name of limited liability company)

Georgia _____
(Jurisdiction of its organization)

M12000001571 _____
(Florida Document Number)

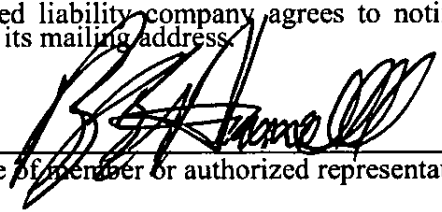
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

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.

4501 Circle 75 Parkway, Suite F-6200 _____
(Mailing address)

Atlanta, GA 30339 _____
(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)

Bruce E Harrell _____
(Typed or printed name of signee)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

12 DEC 14 PM 5:06

FILED

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2012

ANNE HARRELL
INSURANCE SPECIALTY GROUP, LLC
4501 CIRCLE 75 PARKWAY, SUITE F-6200
ATLANTA, GA 30339

SUBJECT: SAFE EQUITY COMPANY, LLC
Ref. Number: M12000001571

We have received your document for SAFE EQUITY COMPANY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity name and document number does not match, please adjust your document accordingly.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 712A00028792