

m 12000004857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

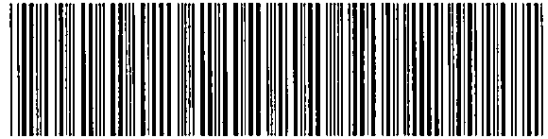
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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LLC withdrawn

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2024 AUG 14 AM 11:14
CLERK OF SUPERIOR COURT
JANESVILLE, WISCONSIN

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2024 AUG 14 PM 3:40
JANESVILLE, WISCONSIN

AUG 15 2024

A RAMSEY

CT CORP
(850) 656-4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 08/14/2024
Acc#I20160000072

en: c DW

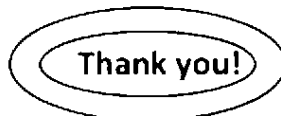
Name:	SimplexGrinnell Holdings LLC
Document #:	
Order #:	15820281

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>	Email Address for Annual Report Notifications: <div></div>
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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **25.00**



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SimplexGrinnell Holdings 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:

Jennifer Connolly

(Name of Person)

Johnson Controls

(Firm/Company)

5757 N. Green Bay Avenue, X-20

(Address)

Milwaukee, WI 53209

(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer Connolly at () 262 765-7070

(Name of Person) (Area Code & 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:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

FILED

2024 AUG 14 AM 11:14

CLERK OF THE COURT
STATE OF FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

SimplexGrinnell Holdings LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

October 22, 2009

(Date registered with Florida Department of State)

M12000004857

(Florida Document Number)

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

Effective Date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Jennifer Connolly

(Signature of authorized representative)

Jennifer Connolly

(Typed or printed name of signee)

Filing Fee: \$25.00