

MIZ 000007211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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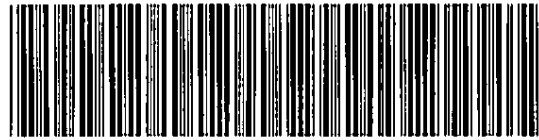
(Business Entity Name)

(Document Number)

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JUN 09 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AP VERITAS HR, LLC  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fees are submitted for filing

Please return all correspondence concerning this matter to the following:

Jamie Hodges

(Name of Person)

AP VERITAS HR, LLC

(Firm/Company)

2600 W Geronimo Place, Suite 100

(Address)

Chandler, AZ 85224

(City/State and Zip Code)

For further information concerning this matter, please call:

Kara Childress

(Name of Person)

at ( 480 )

9932650

(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

2022 APR 26 AM 7:15

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

AP VERITAS HR, LLC

(Name of limited liability company)

MICHIGAN

(Jurisdiction of its organization)

12/27/2012

(Date registered with Florida Department of State)

M12000007211

(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.

*Kara Childress*

(Signature of authorized representative)

Kara Childress

(Typed or printed name of signee)

**Filing Fee: \$25.00**