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COVER LETTER

то:	Registratio Division of	n Section Corporations		
SUBJE	Priva	ıcy Professionals LLC	;	
ЭОВ	C1	(Name of Fo	reign Limited Liability	/ Company)
Dear Si	r or Madam:			
The enc	losed withdr	awal and fee(s) are submitte	ed for filing.	
Please r	eturn all cor	respondence concerning this	matter to the following	g:
Susar	n Garden	al		
		(Name of Person)	<u>-</u>	
Heffe	rnan Insu	rance Brokers		
	•	(Firm/Company)		_
1350	Carlback	Ave		_
		(Address)		_
Walnı	ut Creek,	CA 94596		
		(City/State and Zip Coo	le)	_
For furtl	her informat	ion concerning this matter, p	olease call:	
Susar	n Garden	al	925	295-2599
	(N	ame 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		
Enclose	d is a check	for the following amount:		
□ \$25 F	Filing Fee	■ \$30 Filing Fee & Certificate of Status	☐ \$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Privacy Professionals L	LC	
	(Name of limited liability company)	
New York		
	(Jurisdiction of its organization)	
12/12/2013		
((Date registered with Florida Department of State)	
M13000007875		
	(Florida Document Number)	

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

(Signature of authorized representative)

Dan Sebastiani, CFO Managing Member Heffernan Ins Brks

(Typed or printed name of signee)

Filing Fee: \$25.00