

To: Page 4 of 4
Division of Corporations

2017-06-05 17:53:23 CST

9542080845 From: Range McGraw

N14000001109

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512) 418-6949
Fax Number : (954) 208-0845

LLC DISSOLUTION OR WITHDRAWAL
SIS AFFILIATES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

FILED
17 JUN -5 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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JUN 06 2017

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIS Affiliates, 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:

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call

_____ at (_____) _____
(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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

SIS Affiliates, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

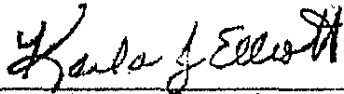
02/13/2014

(Date registered with Florida Department of State)

M14000001109

(Florida Document Number)

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



(Signature of authorized representative)

Karla J. Elliott

(Typed or printed name of signee)

FILED
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CLERK OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00