

M14000001489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

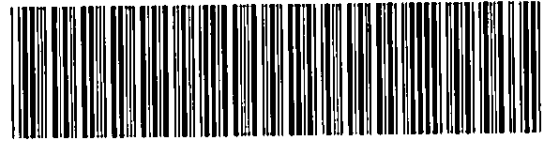
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J DENNIS

MAY - 1 2024

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2024 MAY -1 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2024 MAY -1 PM 3:32

ALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BAS INSTALLATION SERVICES FLORIDA, 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:

Amy Stringfellow

(Name of Person)

Madison Industries

(Firm/Company)

9442 Capital of Texas Highway North, Building 1, Suite 390

(Address)

Austin, TX 78759

(City/State and Zip Code)

For further information concerning this matter, please call:

Amy Stringfellow

(Name of Person)

512 551-0316
at () _____
(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 checked="" 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 |
|---|---|--|--|

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

BAS INSTALLATION SERVICES FLORIDA, LLC

(Name of limited liability company)

Kentucky

(Jurisdiction of its organization)

March 5, 2014

(Date registered with Florida Department of State)

M14000001484

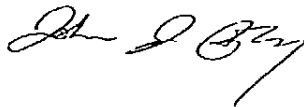
(Florida Document Number)

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SECRETARY OF STATE
FLORIDA

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.



(Signature of authorized representative)

JJ Foley, Vice President

(Typed or printed name of signee)

Filing Fee: \$25.00

CSC WD-5855