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DIVISION OF CASHONIONS
DIVISION OF CASHONIONS

WUN 1 7 2021 R. HUNT

## **COVER LETTER**

TO: Registration Division of	n Section Corporations		
Nations	al Secuirty Exchange, LLC		
SUBJECT:	(Name of Fore	eign Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withdra	awal and fee(s) are submitted	d for filing.	
Please return all corr	respondence concerning this	matter to the following	ā:
Rushi Modha			
	(Name of Person)	_	-
Smart Autocare			
	(Firm/Company)		-
1900 Firman Drive,	Suite 700		
	(Address)		_
Richardson, TX 750	81		
	(City/State and Zip Code	2)	-
For further informati	ion concerning this matter, p	lease call:	
Rushi Modha		800 at (	242-7316
(N	ame of Person)	(Area Code &	E Daytime Telephone Number)
Division ( P.O. Box	on Section of Corporations		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:		
■\$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

National Security Exchange, LLC	
(Name of limited liability company)	· · · · · · · · · · · · · · · · · · ·
Delaware	
(Jurisdiction of its organization)	
01/02/15	
(Date registered with Florida Department of State)	
M15000000064	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this stat	e.
Effective Date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of more than 90 days after filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing this date will not be listed as the document's effective date on the Department of S	requirements,
(Signature of authorized representative)  Peter Masi	2021 APR 3

Filing Fee: \$25.00

(Typed or printed name of signee)