

MM DUU 002163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

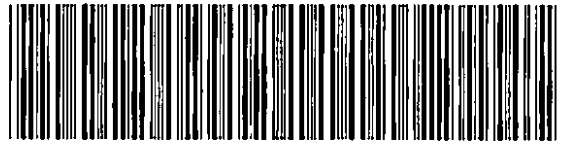
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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APPROVED  
AND  
FILED  
2019 MAY -2 AM 10:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
20 MAY -2 AM 11:10  
DEPARTMENT OF STATE  
CORPORATIONS  
TALLAHASSEE, FLORIDA

T GLASS

MAY 03 2019

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 748305 8129343

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : May 2, 2019

ORDER TIME : 10:07 AM

ORDER NO. : 748305-010

CUSTOMER NO: 8129343

CONTACT STATE  
TALLAHASSEE, FL 32301

2019 MAY -2 AM 10:42

APPROVED  
AND  
FILED

FOREIGN FILINGS

NAME: SAFE LIVING SOLUTIONS, LLC

\_\_\_\_ CORPORATE  
\_\_\_\_ LIMITED PARTNERSHIP  
XX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF STATUS

CONTACT PERSON: Roxanne Turner - EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** \_\_\_\_\_  
(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:

Vernon C Martell Jr.

(Name of Person)

Safe Living Solutions LLC

(Firm/Company)

2207 Eastchester Drive suite 105

(Address)

High Point NC 27365

(City/State and Zip Code)

For further information concerning this matter, please call:

Dawn Knight

(Name of Person)

at ( 336 ) 781-3303

(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

2019 MAY -2 AM 10:42

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AND  
FILED

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

Safe Living Solutions LLC

(Name of limited liability company)

North Carolina

(Jurisdiction of its organization)

03/13/2017

(Date registered with Florida Department of State)

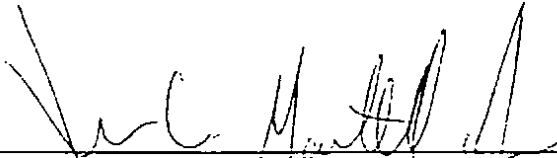
M17000002163

(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.

  
\_\_\_\_\_  
(Signature of authorized representative)

Vernon C. Marshall, Jr.  
\_\_\_\_\_  
(Typed or printed name of signee)

**Filing Fee: \$25.00**

APPROVED  
AND  
FILED

2019 MAY -2 AM 10:42