

M170000009976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

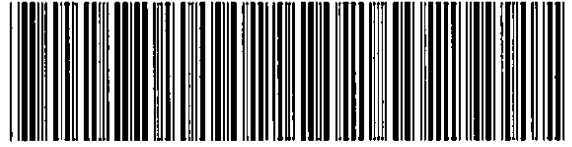
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA FILING & SEARCH SERVICES, INC.

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DATE: 2/1/2021

**NAME: MULLIN BARENS SANFORD FINANCIAL & INSURANCE
SERVICES, LLC**

TYPE OF FILING: WITHDRAWAL

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mullin Barens Sanford Financial & Insurance Services 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:

Anne Alario

(Name of Person)

Mullin Barens Sanford Financial & Insurance Services LLC

(Firm/Company)

1421 Emerson Avenue

(Address)

Oxnard, CA 93033

(City/State and Zip Code)

For further information concerning this matter, please call:

Anne Alario

(Name of Person)

714

321-0387

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:

☒ \$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

Mullin Barens Sanford Financial & Insurance Services LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

11/27/2017

(Date registered with Florida Department of State)

M17000009976

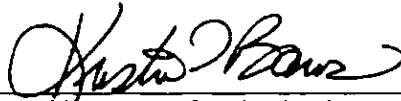
(Florida Document Number)

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)

Kristi Barens

(Typed or printed name of signee)

FILED
NOV 27 2017
AM 8:09
STATE
OF FLORIDA
TALLAHASSEE, FL

Filing Fee: \$25.00