

	(Requestor's Name)	
 	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UI	P WAIT MAIL	
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of Status	
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2021 GOT 20 PH 1: 00

2021 OCT 20 AM II: L:3

Willharanal

OCT 2.1 2021 I ALBRITTON CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 097989 , 8315113

AUTHORIZATION: Spelle Ban

COST LIMIT : \$ 25.00

ORDER DATE: October 11, 2021

ORDER TIME : 8:16 AM

ORDER NO. : 097989-125

CUSTOMER NO: 8315113

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FOREIGN FILINGS

NAME: SRMZ 2, 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: Alexxis Weiland - EXT#

EXAMINER:

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

SRMZ 2, LLC		
	(Name of limited liability company)	2,021
Delaware		2021 OCT 20
	(Jurisdiction of its organization)	0
01-23-2019		PH 1: 00
	(Date registered with Florida Department of State)	
M190000008	09	00
	(Florida Document Number)	
Effective Da (If an effecti more than 90 Note: If the	liability company is withdrawing its certificate of authority in this sate, if other than the date of filing: ve date is listed, the date must be specific and cannot be prior to date days after filing.) date inserted in this block does not meet the applicable statutory filing that he document's effective date on the Department of	(optional) te of filing or ing requirements.
	Victoria Husband	
	(Signature of authorized representative)	
	Victoria R. Husband	
	(Typed or printed name of signce)	

Filing Fee: \$25.00