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| (Requestor's Name) | | | | |
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| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
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| (Document Number) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

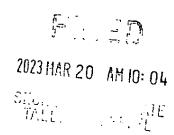
CONTACT PERSON: Eyliena Baker - EXT#

| | | ACCOUNT | NO. | : | 120000001 | 95 |
|--|--------|-------------|------|---|-----------|----------------|
| | | REFER | ENCE | : | 592359 | 4308005 |
| | | AUTHORIZA | TION | : | | * 1 |
| | | COST L | IMIT | : | \$ 55.00 | xinde man |
| ORDER I | DATE : | March 16, 2 | 023 | | U | |
| ORDER 7 | TIME : | 2:08 PM | | | | |
| ORDER 1 | NO. : | 592359-200 | | | | |
| CUSTOM | ER NO: | 4308005 | | | | |
| | | | | | · | |
| FOREIGN FILINGS | | | | | | |
| NAME: SECURITY RESOURCES, LLC | | | | | | |
| CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY | | | | | | |
| XXXX WITHDRAWAL/CANCELLATION | | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | | | |
| XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF STATUS | | | | | | |

EXAMINER:

COVER LETTER

| | istration Se ision of Coi | | | |
|-------------------|------------------------------|---|-----------------------------------|--|
| SUBJECT: | Security F | Resources, LLC | | |
| SOBJECT | • | (Name of For | eign Limited Liability | Company) |
| Dear Sir or N | ładam: | | | |
| The enclosed | withdrawa | I and fee(s) are submittee | d for filing. | |
| Please return | all corresp | ondence concerning this | matter to the followin | g: |
| Dawn L. Ha | ıll. Paraleg | al | | |
| | | (Name of Person) | | _ |
| Troutman P | epper Hai | milton Sanders LLP | | |
| | | (Firm/Company) | | _ |
| 400 Berwyn | n Park | | | |
| | | (Address) | | _ |
| Berwyn, PA | 19312 | | | |
| | | (City/State and Zip Code | ε) | _ |
| For further in | formation (| concerning this matter, p | lease call: | |
| Dawn L. Ha | ill | | 610 at (| 640-5435 |
| | (Name | of Person) | | & Daytime Telephone Number) |
| Reg Div P.O | . Box 632 | Section 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 □ | 330 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

| Security Resources, LLC | |
|--|---|
| (Name of li | mited liability company) |
| Nevada | |
| (Jurisdict | ion of its organization) |
| 9/18/2019 | |
| (Date registered w | ith Florida Department of State) |
| M19000009018 | |
| (Florida | Document Number) |
| more than 90 days after filing.) Note: If the date inserted in this block doe | be specific and cannot be prior to date of filing or s not meet the applicable statutory filing requirements, is effective date on the Department of State's records. |
| (Signature of | of authorized representative) |
| (Typed o | or printed name of signee) |

Filing Fee: \$25.00