Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: TRIAD PROFESSIONAL SERVICES, LLC

Account Number : 120020000094

: (770)777-2091

Fax Number

: (770)220-1943

LLC DISSOLUTION OR WITHDRAWAL NOVA QUALITY ASSURANCE CONSULTING SERVICES, LLC

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Corporate Filing Menu

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B. BOSTICK

MAR 18 2011

EXAMINER

https://efile.sunbiz.org/scripts/efilcovr.exe

3/17/2011

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: NOVA Quality Assurance Co		
(Name of Foreig	n Limited Liability Company)	
Dear Sir or Madam:		
The enclosed withdrawal and fee(s) are submitted f	or filing.	
Please return all correspondence concerning this ma	utter to the following:	
Sharon K. Gray		
(Name of Person)		
Triad Professional Services, LLC		
(Pirm/Company)		•
1720 Windward Concourse, Suite 390)	TAL SE
(kearbbA)		CAHAR T
Alpharetta, GA 30005		
(City/State and Zip Code)		
For further information concerning this matter, plea	se unii:	AM 8: 4
Sharon K. Gray	ai (770 <u>777-2091</u>	9: 4-1 PATE ORID
(Nume of Person)	(Area Code & Daytimo Telephone Number)	 >
STREET/COURIER ADDRESS: Registration Section Division of Corporations Ctifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Talluhussee, Florida 32314	

Tallahassee, Florida 32301

Enclosed is a check for the following amount:

□ \$25 Filing Fee

□ \$30 Filing Fee & Certificate of Status

2 \$55 Fiting Fee & Certified Copy

Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITFIDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

NOVA Quality Assurance Consulting Services, LLC		
(Name of limited liability company)		
Delaware		
(Jurisdiction of its organization)		
M08000001645		
(Florida Document Number)		
This limited liability company is no longer transacting business in Florida and surrauthority to transact business in this state,	enders its	
This limited liability company revokes the authority of its registered agent to accept s its behalf and appoints the Department of State as its agent for service of process b cause of action drising during the time it was authorized to transact business in Florida.	service on ased on a	
3640 Kennesaw North Industrial Parkway, Suite E (Mailing address)		
(ivialing address)		
Kennesaw, GA 30144		
(City/State/Zip)		
The limited liability company agrees to notify the Department of State in the futue change in its mailing address.	re of any	
(Signature of member or authorized representative of a member)		
Randall Bagwell	AHL AHL	franç S
(Typed or printed name of signee)	17 AM 8: 41	To the state of th

Filing Fce: \$25.00