B11000000037

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Prione #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

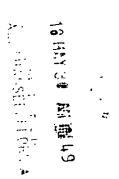


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MAY 29 2018



MAY 31 2018

COVER LETTER

TO: Registration S Division of C			
SURIECT: /	ALARM FOI	265 LP	
(Name of F	oreign Limited Partnershi	p or Limited Liability Limit	ted Partnership)
The enclosed Notice	of Cancellation and fe	e(s) are submitted for	filing.
Please return all corre	espondence concernin	g this matter to:	
Tan	Mg uy An (Contact Person)		
ALARN	FURE DI	NOUSTRIES	INC
	(Firm/Company)	<u>r</u>	
675 GAR	(Address)	<u> </u>	
 -	(Address)		
TORONIL	DNTAKI	D MILIN	2 CANACA
(0	City, State and Zip Code)		
For further information	on concerning this ma	tter, please call:	
TAN NO	suyEN	at (4/6) 4	45 Dol X DG
(Name of Conta	ict Person)	(Area Code and Da	iytime Telephone Number)
Enclosed is a check f	for the following amou	ınt:	
_			
S52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	S105.00 Filing Fee and Certified Copy	
STREET ADDRESS	S:	MAILING A	ADDRESS:
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
Clifton Building 2661 Executive Center Circle		P. O. Box 6327 Tallahassee, FL 32314	
Tallahassee, FL 323		ramanassee,	FL 32314

NOTICE OF CANCELLATION FOR FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

ALARM FO	PRIELP	
	ed partnership or limited liability limited	partnership)
8110	00000037	
(Florida Documer	nt Number of the Foreign LP or LLLP)	
(Ju	arisdiction of formation)	
US	117/2011	
(Date authori	zed to transact business in Florida)	
This foreign limited partnership or lateral transacting business in Florida and vs. 620.1907, F.S.		
This entity appoints the Florida Deprights of action arising out of the tra	_	ervice of process for
Effective date, if other than the date (Effective date cannot be prior to nor more Department of State.)	of filing:than 90 days after the date this documen	nt is filed by the Florida
NOTE: If the date inserted in this be requirements, this date will not be li Department of State's records.		
Signature of a general partner:		1
Typed or printed name:		3 SST
CHETNA KARA	PIA	
Filing Fee:	\$52.50	
Certified Copy (optional):	\$52.50 \$52.50	* @
Certificate of Status (optional):	\$8.75	