

A26761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

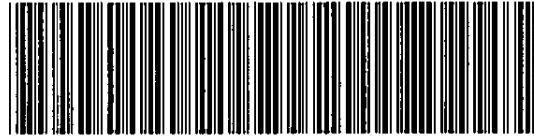
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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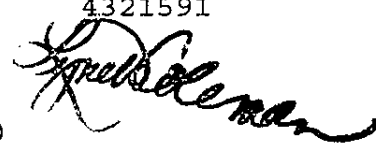
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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 034723 4321591
AUTHORIZATION :
COST LIMIT : \$ 52.50



ORDER DATE : March 3, 2014
ORDER TIME : 3:13 PM
ORDER NO. : 034723-075
CUSTOMER NO: 4321591

FOREIGN FILINGS

NAME: ALLIED SYSTEMS, LTD. (L.P.)

 CORPORATE
XX LIMITED PARTNERSHIP
 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: Susie Knight - EXT# 52956

EXAMINER: _____

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SECRETARY OF STATE
FILING OFFICE
COLUMBIA

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

Georgia Allied Systems Limited Partnership
(Name of limited partnership or limited liability limited partnership)


Georgia
(Jurisdiction of formation)

07/20/1988
(Date authorized to transact business in Florida)

This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant to s. 620.1907, F.S.

This entity appoints the Florida Department of State as its agent for service of process for rights of action arising out of the transaction of business in this state.

Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature of a general partner:


Typed or printed name:
John Blount, President of Allied Automotive Group, Inc., its
managing general partner

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

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TALLAHASSEE, FLORIDA