F0600001917

(Ř	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
	2/2/2

Office Use Only



900356902229



RECEIVED
2020 DEC 28 PH 2: 18

Mitharama 1



December 29, 2020

RESUBMIT

Please give original submission date as file date.

CSC

SUBJECT: FIRST ALLIED ADVISORY SERVICES, INC.

Ref. Number: F06000007917

We have received your document for FIRST ALLIED ADVISORY SERVICES, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please provide the date the entity was authorized to transact business in the state of Florida.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder Regulatory Specialist III

ter Number. 52

Letter Number: 320A00026178

7077 JAN -5 PH 2: 1

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 524824 7899828 AUTHORIZATION COST LIMIT : (\$ ORDER DATE: November 20, 2020 ORDER TIME : 12:02 PM ORDER NO. : 524824-090 CUSTOMER NO: 7899828 FOREIGN FILINGS NAME: FIRST ALLIED ADVISORY SERVICES, INC. XX _ CORPORATE ____ LIMITED PARTNERSHIP ____ LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY XX PLAIN STAMPED COPY XX ___ CERTIFICATE OF STATUS

EXAMINER:

CONTACT PERSON: Eyliena Baker - EXT#

COVER LETTER

10:	O: Amendment Section Division of Corporations					
SUBJ	ECT: First	Allied Advisory Services, Inc.				
			(Name of Corporation)			
DOC	JMENT NI	UMBER: F06000007917				
The er	iclosed with	ndrawal application and	fee are submitted for filing.			
Please	return all c	orrespondence concerning	g this matter to the following:			
	Kathleen I	Bilbia				
			(Name of Person)			
	Cetera Fin	ancial Group				
			(Firm/Company)			
	200 N. Pac	cific Coast Hwy., Suite 1200				
	•		(Address)			
	El Segund	o, CA 90245				
		(C	City/State and Zip code)			
For fu	ther inform	ation concerning this mat	ter, please call:			
Kathleen Bilbia		Ü	at () 257-7465			
	(Na	ame of Person)	(Area Code & Daytime Telephone Number)			
Enclos	ed is a chec	k for the amount:				
□ \$35	Filing Fee	■ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certified Copy Certificate of Status & Certified (Additional copy is Enclosed)			
	P.O. Box 6	nt Section f Corporations	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

First Allied Advisor	y Services, Inc.						
	(Name of Corp	oration)					
F06000007917							
	(Document Number of Corporation (if known)						
Delaware 12/27/200)6						
(Incorporated	Under Laws of and date authorized (to transact business/conduct its	affairs)				
	ger transacting business or condutational to transact business or control to the control t		ate of Florida and	hereby			
appoints the Department of	the authority of its registered a State as its agent for service of ansact business or conduct affair	process based on a cause of	service on its beh faction arising du	alf and ring the			
The following is a current r	nailing address for the corporati	on:	1015 	(1) 			
200 N Pacific Coast	Hwy, Suite 1200		0EC 28	11			
	(Mailing Add	ress)	28				
El Segundo, CA 902			7 T				
	(City/ State /	Zip)	17. 12 07.18A	ı			
	otify the Department of State in	the future of any change in	its mailing addre	SS.			
Au	Olam .	12/21/202	20				
(Signature of a director, pr receiver or other court ap	esident or other officer - if in the hands of a pointed fiduciary, by that fiduciary)	(0	Date)				
Greg Olson		Asst. Secretary					
(Typed or printed	name of person signing)	(Title of	person signing)				

FILING FEE \$35