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,-	on your service of the service of th		
PICK-UP	WAIT MAIL		
(Business Entity Name)			
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Certified Copies	Certificates of Status		
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R. WHITE

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SECRETARY OF STATE
TALL ANASSES

## **COVER LETTER**

TO: Amendment Section		
Division of Corporations	l	
SUBJECT: Aldata Solution,		
	(Name of Corporat	tion)
DOCUMENT NUMBER: F11000	000169	
The enclosed withdrawal application and	d fee are submitted for	r filing.
Please return all correspondence concernir matter to the following:	ng this	
Nicolle Neal		
	(Name of Person)	
SymphonyEYC Sol	lution US, LL	C
	(Firm/Company)	
1040 Crown Pointe	Parkway, S	uite 905
	(Address)	
Atlanta, GA 30338		
(	(City/State and Zip co	de)
For further information concerning this ma	atter, please call:	
Nicolle Neal	<sub>at (</sub> 404	355-3220
(Name of Person) Enclosed is a check for the amount:	(Area C	Code & Daytime Telephone Number)
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status		Certificate of Status & Certified
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL.32314		STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL. 32301

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

Aldata Solution, Inc.

(Name of Corporation)	
F11000000169	
(Document Number of Corporation (	if known)
Delaware	
(Incorporated Under Laws o	f)
This corporation is no longer transacting business or conducting at voluntarily surrenders its authority to transact business or conduct a	
This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of process the time it was authorized to transact business or conduct affairs in	s based on a cause of action arising during
The following is a current mailing address for the corporation:	
1040 Crown Pointe Parkway, S	Suite 905 ≱ಜ್ಜ ಪ
Atlanta, GA 30338	ROV I CRETAR LAHASS
(City/ State /Zip)	Z AN II: 2 2 AN II: 2 Eff, Florid
The corporation agrees to notify the Department of State in the future	re of any change in its mailing address.
(Signature of a director president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	///7/13 (Date)
Nicolle Neal	Assistant Secretary
(Typed or printed name of person signing)	(Title of person signing)