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Withdrawal

09/13/12--01004--026 \*\*35.00



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## **COVER LETTER**

O: Amendment Section Division of Corporations
UBJECT: Health Care Security Services in C (Name of Corporation)
OCUMENT NUMBER: 52-1657993
the enclosed withdrawal application and fee are submitted for filing.  The lease return all correspondence concerning this matter to the following:
Michael J Groves (Name of Person)
(Name of Person)
Health Care Security Services inc (Firm/Company)
17650 Tobermory Place (Address)
Leesburg VA 20175 (City/State and Zip code)
(City/State and Zip code)
or further information concerning this matter, please call:
Michael Graves 01(703) 978-1205
Michael Groves at (703) 928-1205 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the amount:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & \Bigcup \\$43.75 Filing Fee & \Bigcup \\$52.50 Filing Fee,  Certificate of Status & Certified Copy (Additional copy is Enclosed)  Copy (Additional copy is enclosed)
MAILING ADDRESS: STREET ADDRESS:
Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL.32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL. 32301

2661 Executive Center Circle

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

Health Care Security Services inc. (Name of Corporation)
(Document Number of Corporation (if known)
(Incorporated Under Laws of)
This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.
The following is a current mailing address for the corporation:
17650 Tobermory Blace (Mailing Address)
Leesburg UA 20175
The corporation agrees to notify the Department of State in the future 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)  (Date)
(Typed or printed name of person signing)  (Title of person signing)  (Title of person signing)

**FILING FEE \$35**