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Account Name

: C T CORPORATION SYSTEM

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ATK TACTICAL SYSTEMS COMPANY LLC

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J. BRYAN MAY 3 0 2006

8502227615

MAY-25-2006 16:51

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ATK Tectical Systems Company	ric	
	oreign Limited Liability	Сопряду)
Dear Sir or Madam:		
The enclosed withdrawal and fee(s) are submit	ted for filing.	
Please return all correspondence concerning thi	is matter to the following	#
Disk December		
Dick Powell (Name of Person)		
. (Chambe of Latson)		
Alliant Techsystems Inc.		•
(Firm/Company)		•
e e		
MN01-4010, 5050 Lincoln Drive		
(Address)		
Edina, MN 55436-1097		
(City/State and Zip Co	ode)	
For further information concerning this matter,	please call:	,
Dick Powell	st (952	351-2869
(Name of Person)	(Area Code &	Daytime Telephone Number)
STREET/COURIER ADDRESS:		ING ADDRESS:
Registration Section	Registration Section	
Division of Corporations Clifton Building		on of Corporations ox 6327
2661 Executive Center Circle		nsane, Florida 32314
Taliahassae, Florida 32301		·
Enclosed is a check for the following amount	t:	
\$25 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	S60 Filing Fee, Certificate of Status & Certified Copy

DIVISION OF CORPORATIONS

OF MAY 29 AM 10: 01

P.05

05/26/2006 11:22 8502227615 MAY-**25-200**6 16:51

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

ATK Tactical Systems Coropany LLC		
(Name of limited liability company)		•
Delaware		
(Junisdiction of its organization)		•
This limited liability company is no longer transacting business in Florida and surres authority to transact business in this state.	ders its	;
This limited liability company revokes the authority of its registered agent to accept se its behalf and appoints the Department of State as its agent for service of process base cause of action arising during the time it was authorized to transact business in Florida.	rvice on ed on a	l L
5050 Lincoln Drive		
(Mailing address)		
Edina, MN 55436-1097		
(City/State/Zip)		
The limited liability company agrees to notify the Department of State in the future change in its mailing address.	of any	,
(Signature of member or authorized representative of a member)		
, , ,	08	S
(Typed or printed name of signee)	06 MAY	SION
(Typed or primed name of signee)	y 29	FILE FIARY FOF CO
	AM IO	OF STA

Filing Fee: \$25.00