## M07000006403

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700137606277

11/06/08--01026--016 \*\*25.00

DANIELD OF CORPORATIONS

JAMISTON OF CORPORATIONS

J. BRYAN

NOV - 7 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	•
SUBJECT: Protective Services Allian	ce LLC
	gn Limited Liability Company)
Dear Sir or Madam:	
The enclosed withdrawal and fee(s) are submitted	for filing.
Please return all correspondence concerning this n	natter to the following:
Madeline Santiago	
(Name of Person)	
The Day & Zimmermann Group,	Inc.
( cop,	
1500 Spring Garden Street	
(Address)	
Philadelphia, PA 19103	
(City/State and Zip Code)	
For further information concerning this matter, ple	ease call:
Madeline Santiago	at ( 215 ) 299-1558
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
\$25 Filing Fee , \$30 Filing Fee & Certificate of Status	\$55 Filing Fee & \$60 Filing Fee, Certified Copy Certificate of Status & Certified Copy

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

		8 15
Protective Service	A STATE	
	(Name of limited liability company)	200
Doloviere	•	
Delaware	(Jurisdiction of its organization)	:08
	(•	<b>တ</b>

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent 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 in Florida.

1500 Spring Garden Street
(Mailing address)
Philadelphia, PA 19130
(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.

(Signature of member or authorized representative of a member)

James Alexander, Vice President

(Typed or printed name of signee)

Filing Fee: \$25.00