## M08000003864

(Ř	lequestor'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
		•
Cupaint Instructions to	- Filing Officer	
Special Instructions to	o Filing Officer:	
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Office Use Only



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03/09/10--01021--003 \*\*25.00

FILED
10 MAR -9 PM 2: 07
SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations	
•	
SUBJECT: November Alpha, LLC	
(Name of Foreign Limited Liabilit	y Company)
Dear Sir or Madam:	
The enclosed withdrawal and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following	ing:
John Nielsen	
(Name of Person)	·····
•	
(Firm/Company)	
434 Lorraine Blvd	
(Address)	
, , , , , , , , , , , , , , ,	
Los Angeles, CA 90020	
(City/State and Zip Code)	<del>-</del>
For further information concerning this matter, please call:	
John Nielsen at / 323	、376-1969
at (	& Daytime Telephone Number)
STREET/COURIER ADDRESS: MA	ILING ADDRESS:
	istration Section
•	ision of Corporations
	. Box 6327 ahassee, Florida 32314
Tallahassee, Florida 32301	anassee, Fiorida 32314
Enclosed is a check for the following amount:	
\$25 Filing Fee \$30 Filing Fee & \$55 Filing Fee &	& ☐\$60 Filing Fee,
Certificate of Status Certified Copy	Certificate of Status &
	Certified Copy

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

November Alpha, LLC			
(Name of limited liability company)			
Delaware			
(Jurisdiction of its organization)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
This limited liability company is no longer transacting business in Florida an authority to transact business in this state.	d surreno	ders	its
This limited liability company revokes the authority of its registered agent to acits behalf and appoints the Department of State as its agent for service of procause of action arising during the time it was authorized to transact business in Fl	cept ser cess base orida.	vice on	on a
434 Lorraine Blvd (Mailing address)			
Los Angeles, CA 90020			
(City/State/Zip)			. * *
The limited liability company agrees to notify the Department of State in the change in its mailing address.	e future	of a	ny
Jewlla	SECKE ALLAH	10 MAR	
(Signature of member or authorized representative of a member)	ARY C	-9	FILE
John Nielsen	FS FS	PK	O
(Typed or printed name of signee)	OR I	2; (	

Filing Fee: \$25.00