

**M09000001567**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

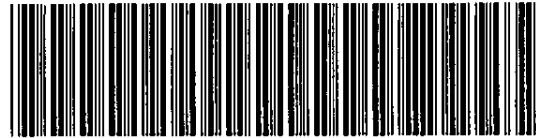
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12 MAR 16 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SKYVIEW LOSS PREVENTION SERVICES, LLC  
(Name of Foreign Limited Liability 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:

JEFFREY BETTINGER  
(Name of Person)

BSA HEALTHCARE  
(Firm/Company)

2000 S. BAYSHORE DR. #45  
(Address)

MIAMI, FL 33133  
(City/State and Zip Code)

For further information concerning this matter, please call:

JEFFREY BETTINGER at (305) 860-3098  
(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:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|---|--|--|



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 21, 2012

JEFFREY BETTINGER  
2000 S. BAYSHORE DRIVE #45  
MIAMI, FL 33133

SUBJECT: SKYVIEW LOSS PREVENTION SERVICES, LLC  
Ref. Number: M09000001567

We have received your document for SKYVIEW LOSS PREVENTION SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 712A00007574

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

SKYVIEW LOSS PREVENTION SERVICES, LLC  
(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

MO9000001567

(Florida Document Number)


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.

2000 S. BAYSHORE DR. #45  
(Mailing address)

MIAMI, FL 33133  
(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)

JEFFREY BETTINGER  
(Typed or printed name of signee)

FILED  
12 MAR 16 PM 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00