MIDD00003295

(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:					

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SECRETARY OF STATE

D. BRUCE MAR 22 2017



February 21, 2017

PHIL HYSSONG `PO BOX 278 LOMBARD, IL 60148

SUBJECT: ALTERNATIVE COMMUNICATION SERVICES, LLC

Ref. Number: M1000003295

We have received your document for ALTERNATIVE COMMUNICATION SERVICES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 617A000034667 HASSEE, FL

www.sunbiz.org

COVER LETTER

TO: Registration Division of	on Section f Corporations				
STRIKCT. Alte	rnative Communication	Services, LLC			
		reign Limited Liabili	ty Company)		
Dear Sir or Madam:	:				
The enclosed withdr	rawal and fee(s) are submitte	d for filing.			
		• • • • • • • • • • • • • • • • • • • •			
Please return all con	respondence concerning this	matter to the followi	ng:		
Phil Hyssong	<u> </u>		••• • • • • • • • • • • • • • • • • • •		
	(Name of Person)				
Alternative Co	mmunication Services	,			
	(Firm/Company)		_	¥£ 3	
				CG.	
PO Box 278				BECRETARY	1. j
	(Address)		_	SE 2	m
			•		
Lombard, IL 6		<u> </u>		MIS WIS	D
	(City/State and Zip Code	e)		<u> </u>	ξ
For further informati	on concerning this matter, pl	case call:	alt.		• • •
Julie Stone		. 800	335-0911 ext. 2		
	erric of Person)	at \	& Daytime Telephone Number)		
	COURIER ADDRESS:		ILING ADDRESS:	,,	
Registration Division of	Corporations	Registration Section Division of Corporations			
Clifton Buil	ding	P.O. Box 6327			
	tive Center Circle , Florida 32301	Tallahassee, Florida 32314			
	•				•
Enclosed is a check	for the following amount:		•		
☐ \$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	\$55 Filing Pee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy		
You already ha	ive our check, but returi	i ned the enclosed	letter, needing this form	as well. Thank	you!

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Alternative Communication Services, LLC	
(Name of limited liability company)	
Illinois	- ••
(Jurisdiction of its organization)	
(Date registered with Florida Department of State)	,e., ;:::
M1000003295	
(Florida Document Numbeτ)	
This limited liability company is withdrawing its certificate of authority in this state.	
(Signature of authorized representative) Julie Stone, CFO	-51
(Typed or printed name of signee)	ZOTI MAR SECRETA
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	→ " ₩

Filing Fee: \$25.00