MIIOOOCOZFIZ

(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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COVER LETTER

	on Section of Corporations		
Allia	nce Limited, LLC		
	(Name of Fo	reign Limited Liabilit	y Company)
Dear Sir or Madam	:		
The enclosed withd	frawal and fee(s) are submitte	ed for filing.	
Please return all co	rrespondence concerning this	s matter to the following	ายู:
James F. Anderton	. V		
	(Name of Person)		_
Loomis Ewert Pars	ley Davis & Gotting, P.C.		
	(Firm/Company)		_
124 West Allegan	Street, Suite 700		
	(Address)	<u> </u>	_
Lansing, Michigan	48933		
	(City/State and Zip Coc	le)	-
For further informat	tion concerning this matter, p	blease call:	
James F. Anderton,	V	517 at (318-9260
(N	Same of Person)		& Daytime Telephone Number)
Division P.O. Box	ion Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check	for the following amount:		
■\$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	☐\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

2621 FEB 16 PK 5: 17

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Alliance Limited, LLC
(Name of limited liability company)
Michigan
(Jurisdiction of its organization)
05/26/2011
(Date registered with Florida Department of State)
M11000002712
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state. Effective Date, if other than the date of filing:
James F. Anderton, V. Authorized Agent
(Typed or printed name of signee)

Filing Fee: \$25.00