

M110000004227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

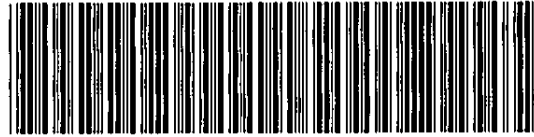
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 09-17-2012

NAME: TEXANA SECURITY LLC

TYPE OF FILING: WITHDRAWAL

COST: \$60

RETURN: CERTIFICATE OF STATUS & CERTIFIED COPY

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Texana Security 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:

Kimberly Smith

(Name of Person)

Gardere Wynne Sewell LLP

(Firm/Company)

1601 Elm Street, Suite 3000

(Address)

Dallas, Texas 75201

(City/State and Zip Code)

For further information concerning this matter, please call:

Kimberly Smith

(Name of Person)

at (214) 999-4033

(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 &
Certified Copy

☒ \$60 Filing Fee,
Certificate of Status &
Certified Copy

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

Texana Security LLC

(Name of limited liability company)

Texas

(Jurisdiction of its organization)

M11000004227

(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.

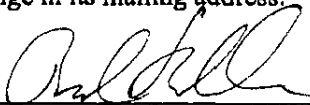
301 Commerce Street, Suite 1600

(Mailing address)

Fort Worth, TX 76102

(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)

Brad Wallace, Manager

(Typed or printed name of signee)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00