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## **COVER LETTER**

TO: Registration Division of	n Section Corporations			
SUBJECT: Alli	ance Securit			
	(Name of For	reign Limited Liability (	Company)	
Dear Sir or Madam:				
The enclosed withdr	awal and fee(s) are submitte	d for filing.		
Please return all cor	respondence concerning this	matter to the following	:	
Maryn Pa	arker			2100
	(Name of Person)		المنظم ا	70
Alliance	Security, LLC	,	SSEE A	-L TI
	(Firm/Company)			7 (A)
2720 N Stem	mons Fwy, Ste 300	- South Towers		7
	(Address)		•	
Dallas, T	X, 75207			
	(City/State and Zip Cod	le)	•	
For further informat	ion concerning this matter, p	lease call:		
Maryn Pa	arker	<sub>31</sub> ,214	452-0004 x3202	
(N	ame of Person)	(Area Code &	Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
	e, Florida 32301			
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

<b>Alliance Security</b>	, LLC	SEE.
•	(Name of limited liability company)	101
Delaware		
	(Jurisdiction of its organization)	
M12000002486		

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

(Florida Document Number)

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.

## 3821 SW 160TH Street (Mailing address) Miramar, FL, 33027 (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)

Jasjit Gotra

(Typed or printed name of signee)

Filing Fee: \$25.00