

M17000006309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

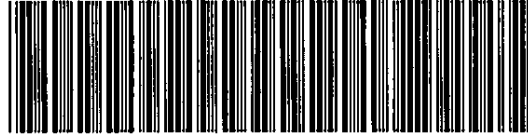
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 13 2015

J SHIVER:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alliance Processing 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:

Seth Proper

(Name of Person)

Alliance Processing Services LLC

(Firm/Company)

530 Lavers Cir #252

(Address)

Delray Beach, FL 33444

(City/State and Zip Code)

For further information concerning this matter, please call:

Seth Proper

(Name of Person)

207

838-1270

at ()

(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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Alliance Processing Services LLC

(Name of limited liability company)

Wyoming

(Jurisdiction of its organization)

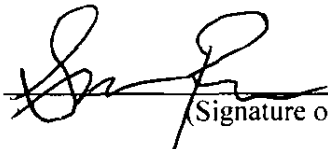
10/03/2013

(Date registered with Florida Department of State)

M13000006309

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.



(Signature of authorized representative)

Seth Proper

(Typed or printed name of signee)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 NOV 12 AM 9:20

FILED

Filing Fee: \$25.00