

M1700000 7432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

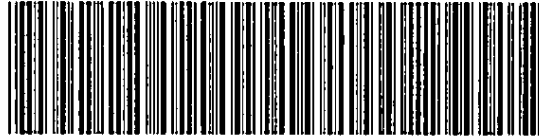
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 APR -3 AM 7:33
S. YOUNG
TALLAHASSEE, FLORIDA

APR 04 2019
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 23, 2019

JUAN MANUEL HERNANDEZ
TENNSTATE PROTECTIVE SOLUTIONS LLC
16150 SW 143RD LANE
MIAMI, FL 33196

SUBJECT: TENNSTATE PROTECTIVE SOLUTIONS, LLC
Ref. Number: M17000007432

We have received your document for TENNSTATE PROTECTIVE SOLUTIONS, LLC and your check(s) totaling \$43.75. 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) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 619A00005795

RECEIVED

2019 APR -3 AM 11:06

STATE OF FLORIDA
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TennState Protective Solutions, 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:

JUAN MANUEL HERNANDEZ
(Name of Person)

TennState Protective Solutions
(Firm/Company)

16150 SW 143rd LANE
(Address)

MIAMI FL. 33196
(City/State and Zip Code)

For further information concerning this matter, please call:

JUAN M. HERNANDEZ at (305) 301-0484
(Name of Person) (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:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

TennaState Protective Solutions LLC.
(Name of limited liability company)

Florida.

(Jurisdiction of its organization)

08/28/2017

(Date registered with Florida Department of State)

H17000007432

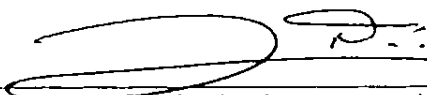
(Florida Document Number)

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

Effective Date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.


(Signature of authorized representative)

JUAN MANUEL HERNANDEZ

(Typed or printed name of signee)

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