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H24000254795

## COVER LETTER

TO: Registration Section Division of Corporations

TRIGA FIRE SOLUTIONS LLC

SUBJECT: \_

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(Name of Foreign Limited Liability Company)

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Dear Sit or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MOHAMMAD BLAYYAN

(Name of Person)

Capitol Services-Corporate Filings Team

(Finn/Company)

515 B. Park Avenue, 2nd Fl

(Address)

Taliahassee: FL 32301

(City/State and Zip Code)

For further information concerning this matter, please call:

MOHAMMAD ELAYYAN		407 at (	913 2713
(N	ame of Person)		2 Deytime 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	Critificale of Status	□\$55 Filing Fee & Certified Copy	S60 Filing Fee. Certificate of Status & Certified Copy

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## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

TRIGA FIRE SOLUTIONS LLC	They are the	
(Name of limited liability company)	ES E I	
TEXAS	The Part	•
(Jurisdiction of its organization)	SC II C	- \ -
JUL 16, 2021	AC 5	
(Date registered with Florida Department of State)	OF N	
M21000009109		
(Florida Document Number)		
This limited liability company is withdrawing its certificate of authority in this state.		
	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 re-	equirements	
this date will not be listed as the document's effective date on the Department of Sta	ite's records.	:

(Signature of authorized representative) MOHAMMAD ELAYYAN

(Typed or printed name of signee)

Filing Fee: \$25.00

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