

M95000000235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

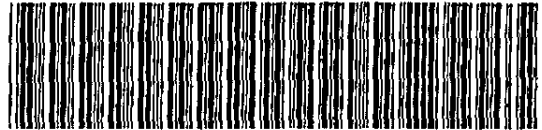
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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SUPERIOR
INFORMATION SERVICES

P.O. BOX 8787 TRENTON, NJ 08618-1427 800-848-0489 FAX 609-883-7891 WWW.SUPERIORINFO.COM

Date: January 14, 2005

To: Registration Section
Division of Corporations
P O Box 6327
Tallahassee, Florida 32314

From Shubha Aravindan, Corporate Services Department

Re: The Monitoring Company LLC

Note: Filing is included with applicable fee.

Enclosed herewith please find Application for Withdrawal of Authority together with our check in the amount of \$25.00 for the filing fee.

Please file upon receipt, returning a stamped-filed copy of the documents in the enclosed envelope for our records.

Should you need further information, or if there are any problems please do not hesitate to contact me at (800) 848-0489, Ext 5413.

Thank you for your assistance with this matter.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

The Monitoring Company LLC

(Name of limited liability company)

Colorado

(Jurisdiction of its organization)

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.

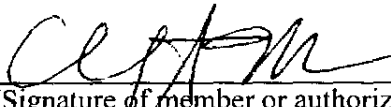
221 East Lincoln Ave

(Mailing address)

Ft Collins, CO 80524

(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)

Christopher McKee

(Typed or printed name of signee)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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