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(R	equestor's Name)		
(Address)			
(Address)			
, (C	ity/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of Status		
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SECRETARY OF STATE

J. BRYAN
JUN 1 9 2012

EXAMINER

COVER LETTER

TO:

Registration Section

Division of	Corporations			
SURJECT: Vence	ore Solutions LLC			
		eign Limited Liability	Company)	
Dear Sir or Madam:				
	1 10 ()			
The enclosed withdra	wal and fee(s) are submitte	d for filing.		
Please return all corre	espondence concerning this	matter to the following	ng:	
Kathy Hartfield	(A1 CD)		_	
	(Name of Person)			دـــ
			,	世界 男
Vencore Solution	ons LLC			Eg E
 	(Firm/Company)		_	題三「
				Signal of M
4500 SW Kruse	Way Ste 350			TALLAHASSEE, FLORIG
1000 011 111 000	(Address)	w.a.	_	Carlos Carlos
Lake Oswego,	OR 97035			- }
	(City/State and Zip Cod	e)	_	
For further information	on concerning this matter, p	lease call:		
	, vonce, , p	Tous out		
Kathy Hartfield		_{at (} 503	յ 6753126	
(Na	me of Person)		& Daytime Telephone Number)	
	OURIER ADDRESS:		LING ADDRESS:	
Registration Division of	Section Corporations	-	stration Section sion of Corporations	
Clifton Build	ding	P.O. Box 6327		
	tive Center Circle Florida 32301	Talla	shassee, Florida 32314	
Enclosed is a check	for the following amount:			
☑ \$25 Filing Fee	■ \$30 Filing Fee &	D \$55 Filing Fee &	□ \$60 Filing Fee,	
	Certificate of Status	Certified Copy	Certificate of Status & Certified Copy	

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

Vencore Solutions LLC
(Name of limited liability company)
the state of the s
Delaware
(Jurisdiction of its organization)
M07000002854
(Florida Document Number)
This limited liability company is no longer transacting business in Florida and surrenders 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.
4500 SW Kruse Way Ste 350
(Mailing address)
Lake Oswego, OR 97035
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
o Arry
(Signature of member of authorized representative of a member)
John Saefke
(Typed or printed name of signee)
(1) ped of printed name of signer)

Filing Fee: \$25.00