



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850) 617 6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000006023
Phone : (512) 418-6946
Fax Number : (954) 206-0845

LLC DISSOLUTION OR WITHDRAWAL
SERVICE PARTNERS OF FLORIDA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Division of State
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Service Partners of Florida, 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.

Jeffery Proctor, Director, Tax
(Name of Person)

(Firm/Company)

475 North Williamson Boulevard
(Address)

Daytona Beach, Florida 32114
(City/State and Zip Code)

For further information concerning this matter, please call:

Jeffery Proctor, Director, Tax at (386) 304-2200
(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:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Service Partners of Florida, LLC

(Name of limited liability company)

Virginia

(Jurisdiction of its organization)

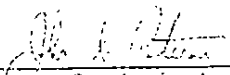
11-20-2000

(Date registered with Florida Department of State)

M00000002409

(Florida Document Number)

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


(Signature of authorized representative)

John S. Peterson

(Typed or printed name of signee)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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Filing Fee: \$25.00