

M02000000801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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04 DEC 16 4:11:30
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
04 DEC 16 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT CORPORATION

December 16, 2004

Department of State, Florida
409 East Gaines Street
Tallahassee FL 32399

FILED
04 DEC 16 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Order #: 6259872 SO
Customer Reference 1:
Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

Oleander Operating Services, LLC (DE)
Cancellation
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan
Manager Fulfill Ctr
Connie_Bryan@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

A WoltersKluwer Company

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

FILED
04 DEC 16 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Oleander Operating Services, LLC

(Name of limited liability company)

Delaware

(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.

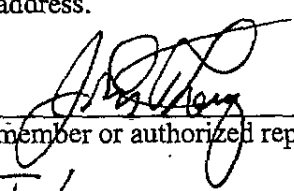
750 East Pratt Street, 17th Floor

(Mailing address)

Baltimore, MD 21202

(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)

JOHN T. LONG
(Typed or printed name of signee)

Filing Fee: \$25.00