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SECRETARY OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER**

Division of Co						
SUBJECT:ARCA		ons Construc				
Dear Sir or Madam:						
The enclosed withdrawa	l and fee(s) are submitte	ed for filing.				
Please return all corresp	ondence concerning this	s matter to the follo	owing:			
JoAnn Rasmusse	n (Name of Person)		<del></del>			
ARCADIS G&M, I	nc., Attention: (Firm/Company)	<u>Legal Dept.</u>	<del></del>			
630 Pláza Driv	e. Suite 200 (Address)					
Highlands Ranc	h, Colorado 801 (City/State and Zip Coo		<del></del>			
For further information of	concerning this matter, p	please call:				
JoAnn Rasmusse	n	at (720	) 34	44-3817		
(Name	of Person)		ode & Dayti	me Telephone Num	ber)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount:		R D P T	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
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X \$25 Filing Fee	\$30 Filing Fee & Certificate of Status	\$55 Filing Fe	y —	\$60 Filing Fee, Certificate of Stati Certified Copy	ıs &	

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

ARCADIS Communications Construction, 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.
c/o ARCADIS G&M, Inc., Attn: Legal Dept.  (Mailing address)
630 Plaza Drive, Suite 200 Highlands Ranch, Colorado 80129
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
Dean John
(Signature of member or authorized representative of a member)
<u>Dean Johnson</u> (Typed or printed name of signee)
(13 ped of printed name of signer)

Filing Fee: \$25.00