

Division of Corporations Public Access System

Electronic Filing Cover Sheet

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.

(((H07000289603 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

(850)617-6383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5926

LLC DISS/WITH OR REV DISS

WILLIAMS MIDSTREAM MARKETING AND RISK MANAGEMENT, LL

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

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

820222491

11/30/2007 11/30/2007 16:31

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

| (Name of limited liability company) | |
|---|------------------|
| Delaware | |
| (Ionisdiction of its organization) | |
| This limited liability company is no longer transacting business in Florida and surrenduthority to transact business in this state. | lers its |
| This limited liability company revokes the authority of its registered agent to accept service behalf and appoints the Department of State as its agent for service of process basecause of action arising during the time it was authorized to transact business in Florida. | ice on d on a |
| One Williams Center, Suite 4700 | |
| (Mailing address) | |
| Tulsa, OK. 74172 | |
| (City/State/Zip) | |
| The limited liability company agrees to notify the Department of State in the future of change in its mailing address. | NO W |
| Signature of member or authorized representative of a member) | O. |
| Alan S. Armstrong | I |
| Typed or printed name of signee) | |
| | C |

Filing Fee: \$25.00

PLATO - (19/14/2005 C T System Online