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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Warrior Synfuel, LLC		
	Limited Liability Company)	
Dear Sir or Madam:		
The enclosed withdrawal and fee(s) are submitted fo	r filing.	
Please return all correspondence concerning this mat	tter to the following:	
Rand Linton		0
(Name of Person)		08 JUN 13 AM 10:51 SECRETARY OF STATE TALLAHASSEE FLORIDA
Warrior Synfuel, LLC		五三
(Firm/Company)		A OF RE
4599 East Lake Boulevard		ORIGINA 51
(Address)		
Birmingham, Alabama 35217		
(City/State and Zip Code)		,
For further information concerning this matter, please	e call:	
Rand Linton	at (205) 798-7766	
(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:		
	\$55 Filing Fee & S60 Filing Fee, Certified Copy Certified Copy Certified Copy	200200000

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

Warrior Synfuel, 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 base of action arising during the time it was authorized to transact business in Florida.
لَّهُمْ يَعْلِينَ عَلَيْهِ 4599 East Lake Boulevard المُعْرِينَ عَلَيْهِ 4599 المُعْرِينَ المُعْرِينَ المُعْرِينَ المُعْرِينِ المَائِينِ المُعْرِينِ
(Mailing address)
Birmingham, Alabama 35217
(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)
T. Barr Linton (Typed or printed name of signee)

Filing Fee: \$25.00