

17030000004129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

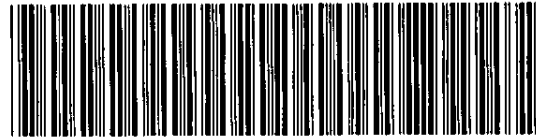
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATE FILINGS

15 JAN 26 PM 12:11

NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED

15 JAN 26 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 27 2015
T. HAMPTON

FLORIDA FILING & SEARCH SERVICES, INC.

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155 Office Plaza Dr Ste A Tallahassee FL 32301
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DATE: 1/26/15

NAME: RCM WATER MANAGEMENT GP. LLC

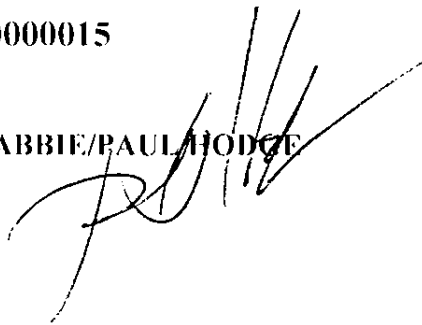
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** File second **

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RCM Water Management GP, 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:

Krista Ali

(Name of Person)

Capitol Services

(Firm/Company)

800 Brazos, Suite 400

(Address)

Austin, TX 78701

(City/State and Zip Code)

For further information concerning this matter, please call:

Suzanne Thomas

(Name of Person)

at (832) 667-2120

(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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

RCM Water Management GP, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

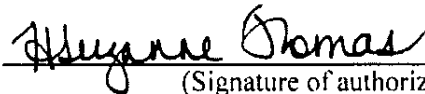
12/11/2003

(Date registered with Florida Department of State)

M03000004129

(Florida Document Number)

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



(Signature of authorized representative)

H. Suzanne Thomas, Vice President & Secretary

(Typed or printed name of signee)

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA