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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number : I20020000094 Phone : (770)777-2091 Fax Number : (770)220-1943

## LLC DISSOLUTION OR WITHDRAWAL CARTER CHAMBERS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
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G. MCLEOD

AUG 16 2011

EXAMINER

## COVER LETTER

	stration Section sion of Corporations		
SUBJECT:	CARTER CHAMBERS, L	LC	
		oreign Limited Liability	Company)
Dear Sinor M	าสสเทา		
The enclosed	withdrawal and fee(s) are submit	ted for filing.	
Please return	all correspondence concerning th	is matter to the following	j;
Sharon K.	Gray		
	(Name of Person)		•
Triad Profe	essional Services, LLC		
	(Firm/Compuny)		
1720 Wind	dward Concourse, Ste. 3	90	
	(Address)		
Alpharetta	GA 30005		
	(City/State and Zip Co	de)	
For further inf	ormation concerning this matter,	please call:	
Sharon K.		nt (770	777-2091 Duytime Telephone Number)
	(Name of Person)	(Area Code &	Duytime Telephone Number)
Regis Divisi Clifto 2661 Taliah	ET/COURIER ADDRESS: tration Section on of Corporations in Building Executive Center Circle tassee, Florida 32301	Registr Divisic P.O. B Tallaha	ING ADDRESS: ation Section in of Corporations ox 6327 issee, Florida 32314
Enclosed is a c	theck for the following amount:	l	
⊃ \$25 Pillng P	ce S30 Filing Fee & Certificate of Status	2 \$55 Filing Fee & Certified Copy	■ \$60 Filing Fee, Certificate of Status & Certified Copy

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

CARTER CHAMBERS, LLC	
(Name of limited liability company)	
Louislana (Jurisdiction of its organization)	
M0400001061	
(Florida Document Number)	
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.	
786 Dubois	
(Mailing address)	
Baton Rouge, LA 70808 (City/State/Zip)	
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.	
Red Lat	
(Signature of member or authorized representative of a member)	
David Walkins, Authorized Person	
(Typed or printed name of signee)	diam Kat

Filing Fee: \$25.00