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SECRETARY OF STATE
ALL ABASSES FLORIS

COVER LETTER.

		stration sion of (Section Corporations			
SUBJEC	CT: _	Gulf E	Environmental Manage (Name of For	ement, LLC eign Limited Lia	bility C	Company)
Dear Sir	or M	adam:				
The encl	osed	withdra	wal and fee(s) are submitte	d for filing.		
Please re	turn	all corre	spondence concerning this	matter to the foll	lowing:	:
Philip	R. F	oster				
			(Name of Person)			
Gulf E	nvir	onmen	tal Management, LLC			
			(Firm/Company)			
РО Во	x 40	515				
			(Address)			
Mobile	e, Al	_ 3664	0			
			(City/State and Zip Cod	e)		
For furth	er in	formatio	on concerning this matter, p	lease call:		
Philip I	R. F			at (251)	422-9756
		(Nai	me of Person)	(Area C	Code &	Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
			Florida 32301			
			for the following amount:			
⊠ \$25 Fi	iling	Fee	□\$30 Filing Fee & Certificate of Status	□\$55 Filing For Certified Cop		Sertified Copy

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

Gulf Environmental Management, LLC	
(Name of limited liability company)	
Mississippi	
(Jurisdiction of its organization)	
M05000001889	
(Florida Document Number)	
This limited liability company is no longer transacting business in Florida and authority to transact business in this state.	d surrenders its
This limited liability company revokes the authority of its registered agent to acits behalf and appoints the Department of State as its agent for service of proceause of action arising during the time it was authorized to transact business in Florance transact business in Fl	cept service on sess based on a orida.
PO Box 40515	
(Mailing address)	
Mobile, AL 36640 (City/State/Zip)	
(City/State/21p)	
The limited liability company agrees to notify the Department of State in the change in its mailing address.	: future of any
(Signature of member or authorized representative of a member)	
Philip Foster	₹
(Typed or printed name of signee)	JAN-9 AM 7: DRETARY OF ST AHASSEE, FLO

Filing Fee: \$25.00