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.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number : I20020000094

: (770)777-2091

Phone

Fax Number

: (770)220-1943

LLC DISSOLUTION OR WITHDRAWAL COMVEST MANAGEMENT LLC

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J. SAULSBERRY EXAMINER MAY 17 2012

5/16/2012

COVER LETTER

	on Section of Corporations				
SUBJECT: CO	MVEST MANAGEMEN	TLLC			
·		eign Limited Liability	Сотрипу)		
Dear Sir or Madum	1:				
The enclosed with	drawal and fee(s) are submitte	d for filing.			
Please return all co	rrespondence concerning this	matter to the following	3;		
Sharon K. Gra	у				
	(Name of Person)		•		
Triad Professi	onal Services, LLC		_	•	
	(Firm/Company)		•		
1720 Windwa	rd Concourse, Ste. 39	10			
	(Address)				
Alpharetta, G	A 30005				
	(City/State and Zip Cod	(c)	•		
For further informs	ation concerning this matter, p	oleuse cull;		SEERE ALLAH	JU AVH GIUG
Sharon K, Gra	ay	nt (770	777-2091	ASS	≺ <u>``</u>
C	Name of Person)	(Area Code &	Dayilma Telephone Number)	gringers *	•
Registration Division of Clifton Bu 2661 Exec	COURIER ADDRESS: on Section of Corporations stilling cutive Center Circle ce, Florida 32301	Regis Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, Florida 32314	AN II: UZ OFSTATE OFFEORIDA	
Enclosed is a chee	k for the following amount:				
S25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	2 \$55 Filing Fee & Certified Copy	See Filing Fee, Certificate of Status & Certified Copy		

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

COMVEST MANAGEMENT LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
M0600000715
(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 cause of action arising during the time it was authorized to transact business in Florida.
525 Okeechobee Blvd., Ste. 1050
(Mailing address)
mo 🗫
West Palm Beach, FL 33401
West Palm Beach, FL 33401 FINAL City/State/Zip) OR DET 02
(City/stitle/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
Cala de delecas
(Signature of member or authorized representative of a member)
Cecillo M. Rodriguez, CFO
(Typed or printed name of signee)

Filing Fee: \$25.00