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D. BRUCE

FEB 13 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: One Vision Utility Services 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:
Darrell Blalock (Name of Person)
One Vision Utility Services LLC (Firm/Company)
975 Cobb Place Blvd. NW Ste 308 (Address)
Kennesaw, GA 30144 (City/State and Zip Code) For further information concerning this matter, please call:
For further information concerning this matter, please call: Darrell Blalock at 678 391-6010
Darrell Blalock at (678) 391-6010 \$\frac{25}{8m}\$ \$\frac{1}{8}\$ (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 \$\times \text{\$\text{S55 Filing Fee & } \text{\$\text{Certified Copy}}\$}\$ Certificate of Status \$\text{Certified Copy}\$ Certified Copy Certified Copy

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

One Vision Utility Services, LLC (Name of liphited liability company)
Georgia— (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 based on a cause of action arising during the time it was authorized to transact business in Florida.
975 Cobb Place Blvd NW Ste 308 (Mailing address)
Kennesaw, GA 30144 (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 of authorized representative of a member) (Typed or printed name of signee)
(Typed or printed name of signee)

Filing Fee: \$25.00