

MO6000001833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

B. KOHR

MAR - 5 2009

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 913964 7546812

AUTHORIZATION

COST LIMIT : \$55.00

ORDER DATE : March 4, 2009

ORDER TIME : 9:04 AM

ORDER NO. : 913964-025

CUSTOMER NO: 7546812

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TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: COMPLETE CLAIM SOLUTIONS, LLC

____ CORPORATE
____ LIMITED PARTNERSHIP
XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF STATUS

CONTACT PERSON: Doreen Wallace - EXT# 2928

EXAMINER: _____

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

Complete Claim Solutions, LLC

(Name of limited liability company)

DE

(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.

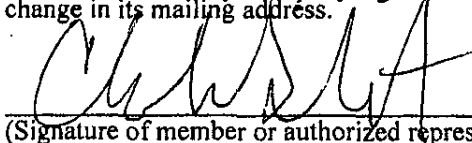
3232 McKinney Avenue, Suite 1000

(Mailing address)

Dallas TX 75204

(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 or authorized representative of a member)

Charles S. Gilbert, Vice President

(Typed or printed name of signee)

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Filing Fee: \$25.00