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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name Account Number : FCA000000023

: C T CORPORATION SYSTEM

Phone

: (512)418-6949

Fax Number

: (954)208-0845

LLC DISSOLUTION OR WITHDRAWAL DIS-TRAN WOOD PRODUCTS, LLC

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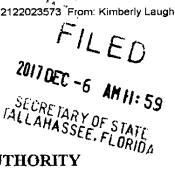
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Corporate Filing Menu

Help

COVER LETTER

		ration Section on of Corporations	ş			
SUBJEC'	T.	IS-TRAN WOOD PRODUCTS,	LLC #			
SUBSEC	·*•	(Name of Foreign Limited Liability Company)				
Dear Sír	or Ma	dam:				
The enclo	osed w	ithdrawal and fec(s) are submitted	for filing.			
Please ret	turn ai	l correspondence concerning this	natter to the following	3:		
John Dog	ggett					
		(Name of Person)		- 		
Crest Op	eratio	as, LLC	À			
		(Firm/Company)	<u> </u>	-		
4725 Hw	vy 28 I	3				
		(Address)		-		
Pineville	; LA 7	1360				
-	· - ,- · ·	(City/State and Zip Code)	<u>-</u>		
For furthe	er info	rmation concerning this matter, pl	ease call:			
Emily Ba	aum		318 at (767-5671		
	-	(Name of Person)		Daytime Telephone Number)		
1	Regist Divisio Cliftor 2661 f Tallah	ET/COURIER ADDRESS: ration Section on of Corporations Building Executive Center Circle assee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallehassee, Florida 32314			
Enclosed \$25 Fi		heck for the following amount: ee	S55 Filing Fee & Certified Copy	S60 Filing Fee, Certificate of Status & Certified Copy		



NOTICE OF WITHDRAWAL OF CERTAFICATE OF AUTHORITY

DIS-TRAN WOOD PRODUCTS, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
September 1, 2006
(Date registered with Florida Department of State)
M06000004850
(Florida Document Number)
Effective Date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
(Signature of authorized representative)
John P. Doggett, CAO/Secretary
(Typed or printed name of signee)

Filing Fee: \$25.00