M060W007157

(Demonstrate Name)
(Requestor's Name)
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(1.1.1.1.1)
(Address)
(City/State/Zip/Phone #)
·
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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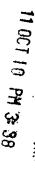
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DATE:

10-10-11

NAME:

BROCK SERVICES HOLDINGS LLC

TYPE OF FILING: WITHDRAWAL

COST:

\$25

RETURN:

ACCOUNT: FCA00000015

AUTHORIZATION:

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COVER LETTER

_	ation Section n of Corporations			
SUBJECT: Brock Services Holdings LLC				
	(Name of Fo	reign Limited Liability Company)		
Dear Sir or Mad	ain:			
The enclosed wi	thdrawal and fee(s) are submitte	ed for filing.		
Please return all	correspondence concerning this	s matter to the following:		
Capitol	Services Corpo (Name of Person)	<u>rate Filings</u> Team		
	Capitol Service	s Inc.		
	800 Brazos, Sui	te 400		
	Austin, Texas (City/State and Zip Cod			
For further infor	mation concerning this matter,	please call:		
	(Name of Person)	at (800) 345-4647		
Registra Division Clifton 2661 E	ET/COURIER ADDRESS: ation Section n of Corporations Building secutive Center Circle ssee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a ch	eck for the following amount: \$30 Filing Fee & Certificate of Status	\$55 Filing Fee & \$60 Filing Fee, Certified Copy Certificate of Status & Certified Copy		

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

Brock Serv	rices Holdin	gs LLC	
· (Name of lin	nited liability com	ipany)	
Е)elaware		
(Jurisdiction	on of its organizati	ion)	
M06	000007157	·	
(Florida	Document Numbe	er)	
This limited liability company is no long authority to transact business in this state.	er transacting bu	usiness in Florida and surrenders	its
This limited liability company revokes the its behalf and appoints the Department of cause of action arising during the time it was	authority of its State as its age as authorized to the	registered agent to accept service ant for service of process based of transact business in Florida,	on s
10343 Sam Houston P	ark Dr, Suite	200	
· · · · ·			
Houston	TX	77064	
(City)	(State)	(Zip Code)	
The limited liability company agrees to rechange in its mailing address.	notify the Depar	rtment of State in the future of	any
47		_	
(Signature of member or authorized represe	ntative of a mem	nber)	
M. Thi Tran, Secretary		 	
(Typed or printed name of signee)			

Filing Fee: \$25.00