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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 DEC 14 AM 9:51

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LLC DISS/WITH OR REV DISS
CHOICEPOINT WORKPLACE SOLUTIONS OF MEMPHIS LLC

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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S. HAWKES

DEC 15 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ChoicePoint Workplace Solutions of Memphis 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:

Jacqueline Gregorski
(Name of Person)

Reed Elsevier Properties Inc.
(Firm/Company)

1105 North Market Street, Suite 501
(Address)

Wilmington, Delaware 19801
(City/State and Zip Code)

For further information concerning this matter, please call:

Jacqueline Gregorski at (302) 884-8309
(Name of Person) (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 ☐ \$30 Filing Fee &
Certificate of Status ☐ \$55 Filing Fee &
Certified Copy ☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

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

FILED
09 DEC 14 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ChoicePoint Workplace Solutions of Memphis LLC

(Name of limited 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.

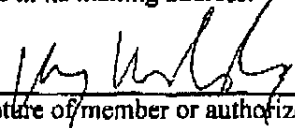
1000 Alderman Drive

(Mailing address)

Alpharetta, GA 30005

(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)

Henry Horbaczewski - Member

(Typed or printed name of signee)

Filing Fee: \$25.00