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(Requestor's Name)			
Add			
(Address)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Special instructions to Filing Officer.			

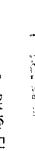
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SEGNETARY OF STATE



T. CLINE

FEB 1 1 2010

EXAMINER

NO1-1394

COVER LETTER

Division of Corporations		
SUBJECT: VEM Cont	tracting LLC	
(Name of F	oreign Limited Liability Company)	
Dear Sir or Madam:		
The enclosed withdrawal and fee(s) are submit	tted for filing.	
Please return all correspondence concerning th	nis matter to the following:	,
Vance E. Mixell, Jr.		
(Name of Person)		
VEM Contracting LLC		parties and
(Firm/Company)		2010 FI
1228 Impala Street		2010 FEB 10 PM IZ: 54 SECKETARY OF STATE IALLAHASSEE, FLORID
(Address)) (2) (2)
North Port FL 34288		PH PH PS
(City/State and Zip Co	ode)	इति प्
For further information concerning this matter	, please call:	
Vance E. Mixell, Jr.	at (_941)_426-0094	
(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 amoun	it:	
\$25 Filing Fee \$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

VEM Contracting LLC
(Name of limited liability company)
Delaware
(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.
1228 Impala Street 全部 日 1
(Mailing address)
North Port FL 34288
(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)
Vance E. Mixell, Jr. (Typed or printed name of signee)

Filing Fee: \$25.00