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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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SEUREIARY OF STATE

B. BOSTICK
MAR 1 9 2012
EXAMINER

COVER LETTER

_	istration So ision of Co					
SUBJECT:	Spartar	n Constructors, LLC (Name of For	eign Limited Liability (Company)		-
Dear Sir or M	Madam:					
The englaces	4 withdraw	al and fee(s) are submitte	d for filing			
			_			
Please return	all corresp	ondence concerning this	matter to the following	;		
William D	West					
		(Name of Person)				
Spartan (Construc	ctors, LLC				
		(Firm/Company)		•		
PO Box 8	3651				~-	
		(Address)			SEC	121
Spartanb	ura. SC	29305			AHA AHA	AR
<u> </u>	3,	(City/State and Zip Cod	e)		SSE	9
						₩ II: L
For further in	nformation	concerning this matter, p	lease call:		STATE OR	_:_
William D). West		at (864	591-2002	D A	
	(Name	e of Person)		Daytime Telephone Number)	,	-
com.	D D D D () O O	AND TO A DODGE CO	24.11	INC ADDDCCC		
*		ING ADDRESS: ration Section				
	rision of Co Iton Buildin		Division of Corporations P.O. Box 6327			
266	1 Executiv	e Center Circle lorida 32301		assee, Florida 32314		
Enclosed is	a check fo	r the following amount:				
\$25 Filing	g 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

Spartan Constructors, LLC
(Name of limited liability company)
South Carolina
(Jurisdiction of its organization)
M08000003580
(Florida Document Number)
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.
PO Box 8651 (Mailing address)
Spartanburg, SC 29305
(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)
A.C.
William D. West
(Typed or printed name of signee) AHASSEE, FI

Filing Fee: \$25.00