(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	ısiness Entity Nar	me)
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G. MCLEOD

EXAMINER



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COVER LETTER

	gistration Se vision of Cor				
SUBJECT:	NewFie	ds Specialty Service	ces, LLC		
		(Name of For	eign Limited Li	ability C	Company)
Dear Sir or M	Madam:				
The enclosed	d withdrawa	l and fee(s) are submitte	d for filing.		
Please return	all correspo	ondence concerning this	matter to the fo	llowing	:
Ginger L I	Hicks				
		(Name of Person)			
NewField	ls Specia	(Firm/Company)			
		(гип/сопрану)			
1349 W.	Peachtre	e Street, Suite 20	00		
		(Address)	·		
Atlanta, C	3A 30309) [']			
		(City/State and Zip Cod	e)		•
For further in	nformation o	oncerning this matter, p	lease call:		-
Elizabeth	Voss		_ at (404)	347-9050
	(Name	of Person)	(Area	Code &	Daytime Telephone Number)
Reg Div Clif 266 Tall	gistration Servision of Cor fron Building I Executive lahassee, Flo	porations S Center Circle orida 32301		Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314
		the following amount:	Diess pur	E 0'	The CO Filing F
☑ \$25 Filing	gree 🕻	\$30 Filing Fee & Certificate of Status	Certified Co		□ \$60 Filing Fee, Certificate of Status & Certified Copy

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

NewFields Specialty Services, LLC
(Name of limited liability company)
Georgia
(Jurisdiction of its organization)
M1000000247
(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.
1349 W. Peachtree St #2000 (Mailing address)
attantu, GA 30309 (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)
Ginger L Hicks
(Typed or printed name of signee) THAY 20 PM 2: STATE OF

Filing Fee: \$25.00