m10000000355

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Considerations to Filips Officer
Special Instructions to Filing Officer:
A
A. LUNT
NOV - 5 2012
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Office Use Only

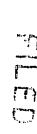
EXAMINER



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SCOKE JARY OF STATE ALLAHASSEE, FLORIDA



COVER LETTER

TO: Registration Division of (
- SUBJECT:	Mous Catract (Name of Fore	igh Elmited Lightlity C	ompany)	<u>.</u>
Dear Sir or Madam:				
The enclosed withdra	wal and fee(s) are submitte	d for filing.	•	
Please return all corre	spondence concerning this	matter to the following:		
John Alla	(Name of Person)			2812 KGY
Columbus C	Contracting (Firm/Company)	empary LL	C	M2 NOT -1 PH 4: 20
232 V. 3	3rd St., Sui	te 202		NE NE
Columbus	OH U32 (City/State and Zip Cod	<u>15</u>		
For further information	on concerning this matter, p	lease call:		
()2/20	41/20 " "	at (614)	<u>371-9590</u> Daytime Telephone Number)	
(Na	me of Person)	(Area Code &	Daytime Telephone Number)	
Registration Division of Clifton Built 2661 Execut	Corporations	Registr Divisio P.O. Bo	ation Section on of Corporations ox 6327 ussee, Florida 32314	
Enclosed is a check	for the following amount:	,	٠.	
\$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

Columbus Contracting Company LLC (Name of limited liability company)
(Jurisdiction of its organization)
(Jurisdiction of its organization)
M10000000355
(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 gauge of action ariging during the time it was authorized to transcet by increase in Florida.
232 N. S.J. Suite 202 April 1 (Mailing address)
Clubs 04 45215
(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) Ryan Cox
(Typed or printed name of signee)

Filing Fee: \$25.00