M1000000 a589

(Requ	estor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/s	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doct	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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CEIVE SATES

SECRETARY OF STATE

JAN 1 5 2015 J. HARRIS

ACCOUNT NO. : I2000000195 REFERENCE: 458456 5029977 AUTHORIZATION : COST LIMIT : ORDER DATE: January 13, 2015 ORDER TIME : 12:51 PM ORDER NO. : 458456-010 CUSTOMER NO: 5029977 FOREIGN FILINGS NAME: CHEVRON MIDCONTINENT HOLDINGS LLCCORPORATE LIMITED PARTNERSHIP XXX LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION

CONTACT PERSON: Courtney Williams - EXT# 62935

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF STATUS

EXAMINER:

COVER LETTER

	ision of (Section Corporations				
SUBJECT:	Chevr	on Midcontinent Hol	dings l	LC		
	•	(Name of Fe	eign Lin	nited-Liability	y Company)	
Dear Sir or N	/ladam:					
The enclosed	d withdra	wal and fee(s) are submitte	d for fili	ng.		
Please return	all corre	spondence concerning this	matter to	the following	ng:	
Jerome S	Suarez					
		(Name of Person)			-	
Corporati	on Ser	vices Company				
		(Firm/Company)			_	
2730 Gat	eway (Daks Drive Suite 100)			
		(Address)			- -	
Sacrame	nio, CA	k, 95833				
		(City/State and Zip Cod	c)			
For further in	nformatio	n concerning this matter, p	lease cal	l:		
Scott Ban	ıks		at	925	842-3715	
	(Na	ne of Person)			& 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			
		or the following amount:				
□ \$25 Filing	Fee	Certificate of Status		Filing Fee & ified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Chevron Midcontinent Holdings LLC
(Name of limited liability company)
Nevada
(Jurisdiction of its organization)
06/10/2010
(Date registered with Florida Department of State)
M1000002589
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
(Signature of authorized representative)
Grace P. Nerona, Authorized Represntative
(Timed or minted name of signes)

Filing Fee: \$25.00

2015 JAN 13 AM II: 16