M1000000 2754

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ldress)		
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Ви	ısiness Entity Nar	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
		•	
		:	

Office Use Only



200288396272

08/01/16--01005--013 **25.00

K. SALY

AUG

COVER LETTER

	gistration Section vision of Corporations			
SUBJECT:	Synergy Reconstruction LLC			
Sebule 1.		f Foreign Limited Liability	Company)	
Dear Sir or	Madam:			
The enclose	d withdrawal and fee(s) are subn	nitted for filing.	• •	
Please return	n all correspondence concerning	this matter to the following	;	
Judy Cas	se			
	(Name of Person)		_	
	erstands to the			
Synergy	Reconstruction LLC			
-	(Firm/Company)			
3440 Sou	uth Freeway			
	(Address)		-	
Fort Wor	th, TX 76110			
	(City/State and Zip	Code)	-	
For further i	nformation concerning this matte	er, please call:		
Judy Cas	se .	817 at (207-8888	
	(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		Regist Divisi P.O. E	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is	a check for the following amou	ınt:		
¥25 Filin	g Fee \$\sigma\$ \$30 Filing Fee & Certificate of State	us S55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy	



NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Synergy Reconstruction LLC
(Name of limited liability company)
Texas
(Jurisdiction of its organization)
6-17-2010
(Date registered with Florida Department of State)
M1000002754
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
Dath aller
(Signature of authorized representative)
Patrick Adams
(Typed or printed name of signee)

Filing Fee: \$25.00