

M10000003189

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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**To:**

Division of Corporations  
Fax Number : (850) 617-6383

**From:**

Account Name : INCORP SERVICES INC  
Account Number : I20120000007  
Phone : (702) 866-2500  
Fax Number : (702) 866-2689

**LLC DISSOLUTION OR WITHDRAWAL  
CABILDO SERVICES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED

12 MAY 29 PM 3:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

12 MAY 29 AM 7:47

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B. BOSTICK

MAY 30 2012

EXAMINER

5/29/2012

#12000140958 3

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cabildo Services, LLC  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amber Ragland

(Name of Person)

Incorp Services, Inc.

(Firm/Company)

2360 Corporate Circle, Suite 400

(Address)

Henderson, NV 89074-7722

(City/State and Zip Code)

For further information concerning this matter, please call:

Amber Ragland for Incorp Services, Inc. at (702) 866-2500  
(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

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

12 MAY 29 AM 7:48  
TALLAHASSEE, FLORIDA

#12000140958 3

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

Cabildo Services, LLC  
(Name of limited liability company)

Louisiana  
(Jurisdiction of its organization)

M10000003189  
(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.

1515 Poydras ST Suite 2210  
(Mailing address)

New Orleans, LA 70112  
(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)

Quinn Jones  
(Typed or printed name of signee)

12 MAY 29 AM 7:48  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00

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