MILDD0001252

(Re	equestor's Name)	
(Ad	ldress)	
(1)	Lda a a N	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nan	ne)
`	,	
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
i		
		:

Office Use Only



700213939657

11/03/11--01020--001 **25.00

FILED

11 NOV -3 PM 1: 50

SECRETARY OF STATE ANASSEE FIRED

ALLAMASSEE FIRED

ALLAM

O BRUCE

ROV 0 4 2011

EXAMINER

COVER LETTER

TO: Registration Division of	Section Corporations					
SUBJECT: BAILI	EY MECHANICAL, LL (Name of Fore	C eign Limited Liability (Company)			
Dear Sir or Madam:						
The enclosed withdra	awal and fee(s) are submitted	d for filing.				
Please return all corre	espondence concerning this	matter to the following	;			
Lisa Bailey,						
	(Name of Person)					
Bailey Mechani	cal, LLC			TALL	=	
	(Firm/Company)			AH AH	Š	
Post Office Box	c 5989			ARY UF	1 NOV -3 PH 1:50	Γ Γ
	(Address)			FLO	100	Ţ
Brandon, MS 3	39047			PAK BAK	50	
	(City/State and Zip Cod	e)	•	11		
For further informati	on concerning this matter, p	olease call:				
Lisa Bailey		at (601	292-7799			
(Na	une of Person)	(Area Code &	Daytime Telephone Number)			
Registration Division of	Corporations	MAILING ADDRESS: Registration Section Division of Corporations				
	lding tive Center Circle , Florida 32301		Box 6327 assee, Florida 32314			
Enclosed is a check	for the following amount:					
\$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	S60 Filing Fee, Certificate of Status & Certified Copy			

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

BAILEY MECHANICAL, LLC (Name of limited liability company)	
(rame of mined nating company)	
MISSISSIPPI (Jurisdiction of its organization)	•
(Jurisdiction of its organization)	
M11000001252	
(Florida Document Number)	
This limited liability company is no longer transacting business in Florida authority to transact business in this state.	and surrenders its
This limited liability company revokes the authority of its registered agent its behalf and appoints the Department of State as its agent for service of cause of action arising during the time it was authorized to transact business i	o accept service on process based on a n Florida.
POST OFFICE BOX 5989	
(Mailing address)	
•	
BRANDON, MS 39047-59889	
(City/State/Zip)	
The limited liability company agrees to notify the Départment of State in change in its mailing address. (Signature of member or authorized representative of a member) LISA C. BAILEY, MEMBER (Typed or printed name of signee)	the future of any

Filing Fee: \$25.00