

M12 0000000064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

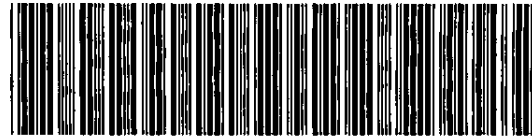
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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300254571413

12/17/13--01003--010 \$25.00

FILED
2013 DEC 17 PM 1:44
CLERK OF COURT
ALABAMA

DEC 18 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Biller Services LLC withdrawal
(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:

Doug Reed
(Name of Person)

Biller Services LLC
(Firm/Company)

411 Montgomery St Suite 500
(Address)

San Francisco CA 94109
(City/State and Zip Code)

For further information concerning this matter, please call:

Arun Kalra at (415) 390-2612
(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

FILED
2013 DEC 17 PM 1:44
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

Billen Services LLC

(Name of limited liability company)

California

(Jurisdiction of its organization)

M12000000066

(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 cause of action arising during the time it was authorized to transact business in Florida.

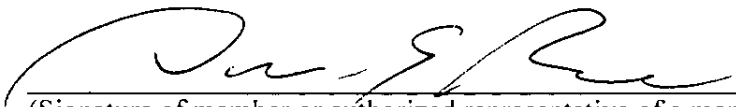
433 California St, Suite 1010

(Mailing address)

San Francisco, CA 94104

(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)

Douglas Reed, Principal Manager

(Typed or printed name of signee)

Filing Fee: \$25.00