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COVER LETTER

	tegistratio Division of	n Section Corporations		
ello irza		Disinfection Services LLG		
SUBJECT		(Name of F	oreign Limited Liability	(Company)
Dear Sir o	r Madam:			
The enclos	sed withdr	awal and fee(s) are submit	ted for filing.	
Please retu	ırn all cori	respondence concerning th	is matter to the following	og:
Judith Tor	ntorici			
		(Name of Person)		_
Xenex Dis	sinfection	Services Inc		
		(Firm/Company)		_
121 Interp	ark Blvd :	suite 104		
		(Address)		_
San Anton	nio, Tx	78216		
		(City/State and Zip Co	ode)	_
For further	informati	on concerning this matter,	please call:	
Judith Tor	torici		800 at (_	553-0069
	(Ni	ame of Person)		É Daytime Telephone Number)
R D P	ivision o .O. Box	on Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is	s a check	for the following amount	:	
≣\$ 25 Fili	ng Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

		ŗ
Xenex Disinfo	ection Services LLC	
	(Name of limited liability company)	7,3-
	(rame or miner mornly company)	;;
Texas		5 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
	(Jurisdiction of its organization)	<u> </u>
8/10/2012		200
	(Date registered with Florida Department of State)	
VIII DAAAAAA IST		
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	(Florida Document Number)	
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	1 A	
	(Signature of authorized representative)	
	Paul Froutan, Manager	
	(Typed or printed name of signee)	

Filing Fee: \$25.00