006187

(F	Requestor's Name)			
(Address)				
(<i>/</i>	- Address)			
(0	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT ☐ MAIL			
(E	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				





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TO

JAN 1 3 2016

S MASON

COVER LETTER

	istration ! ision of C	Section orporations				
SUBJECT:	GULF PACKAGING - EQUIPMENT SERVICES					
SOBJECT.		(Name of Foreign Limited Liability Company)				
Dear Sir or l	Madam:					
The enclose	d withdray	val and fee(s) are submitted	I for filing.			
Please return	n all corre	spondence concerning this	matter to the following:			
ROBERT	LANG	E, CPA				
		(Name of Person)				
CLH, PC						
		(Firm/Company)				
123 E 8T	H STRI	EET				
		(Address)	· · · · · · · · · · · · · · · · · · ·			
MICHIGA	AN CITY	/, IN 46360				
		(City/State and Zip Cod	e)			
For further	informatio	n concerning this matter, p	lease call:			
ROBERT LANGE		219	874-0210			
	(Na	ne of Person)		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 f	or the following amount:				
.: \$25 Filin	g 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

GULF PACKAGING - EQUIPMENT SERVICES
(Name of limited liability company)
TEXAS
(Jurisdiction of its organization)
02/23/2015
(Date registered with Florida Department of State)
M1300006187
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
Carlilan
(Signature of authorized representative)
CARL FLECK
(Typed or printed name of signee)

Filing Fee: \$25.00

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