

M14000002909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

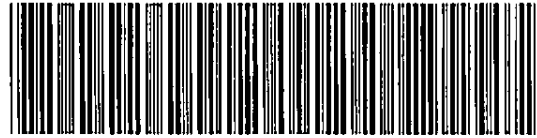
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 OCT 16 AM 10:14
J. HARRIS

OCT 18 2017
J. HARRIS

2017 OCT 16 AM 8:24

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SouthEast Transportation 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:

Ken Welch
(Name of Person)

SouthEast Transportation Services, LLC
(Firm/Company)

P.O. Box 1241
(Address)

Mauldin, SC 29662
(City/State and Zip Code)

For further information concerning this matter, please call:

Kenneth Welch at 804 567-3482
(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:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Southeast Transportation Services, LLC
(Name of limited liability company)

South Carolina
(Jurisdiction of its organization)

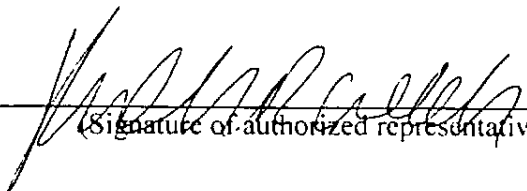
4-29-2014
(Date registered with Florida Department of State)

M14 000002909
(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.


(Signature of authorized representative)

Kenneth Z Welch
(Typed or printed name of signee)

2017 OCT 16 AM 10:44
Filing Office

Filing Fee: \$25.00