

M15000000901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

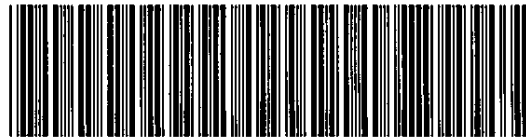
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600288398056

08/12/16--01005--017 \*\*25.00

16 AUG 12 AM 11:52

FILED  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

AUG 15 2016

S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Radiological Survey & Remedial 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:

Anne Koch

(Name of Person)

Wyse Kadish LLP

(Firm/Company)

621 SW Morrison Street, Suite 1300

(Address)

Portland, OR 97205

(City/State and Zip Code)

For further information concerning this matter, please call:

Anne Koch

(Name of Person)

at (503) 228-8448  
(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

16 AUG 12 AM 11:52  
STAMPED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Radiological Survey & Remedial Services, LLC

(Name of limited liability company)

Nevada

(Jurisdiction of its organization)

2/3/15

(Date registered with Florida Department of State)

M15000000901

(Florida Document Number)

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



(Signature of authorized representative)

Ashley DeLong, Member

(Typed or printed name of signee)

16 DEC 12 AM 11:52  
OFFICE OF THE CLERK  
FLORIDA DEPARTMENT OF STATE

Filing Fee: \$25.00