

M15000007223

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

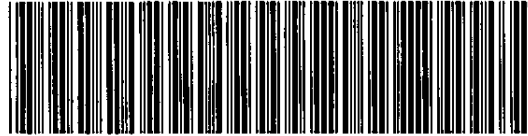
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700285281757

05/02/16--01013--023 \*\*25.00

FILED  
2016 MAY -2 PM 1:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
MAY -4 -

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Redi 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:

Jeff Nelson

(Name of Person)

Redi Services, LLC

(Firm/Company)

PO Box 310

(Address)

Lyman/Wyoming/82937

(City/State and Zip Code)

For further information concerning this matter, please call:

Jeff Nelson

(Name of Person)

at (307) 787-6333  
(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  
2016 MAY -2 PM 1:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Redi Services, LLC

(Name of limited liability company)

Wyoming

(Jurisdiction of its organization)

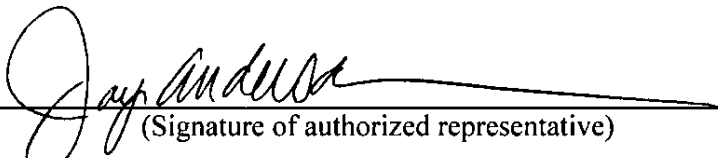
9/11/2015

(Date registered with Florida Department of State)

M15000007223

(Florida Document Number)

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

  
(Signature of authorized representative)

Jay Anderson, CFO

(Typed or printed name of signee)

**Filing Fee: \$25.00**