

M17000008709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

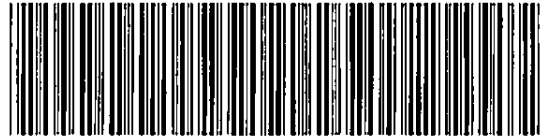
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wmills

Office Use Only



200427725072

04/15/24--010:17--025 *\$60.00

FILED
2024 APR 16 PM 1:36
SECRETARY OF STATE
MONTGOMERY COUNTY, MARYLAND

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EXPRESS REMEDIATION & RECONSTRUCTION, 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:

ROBERT MARTENS
(Name of Person)

EXPRESS REMEDIATION & RECONSTRUCTION, LLC
(Firm/Company)

2490 INDUSTRIAL ROW DR
(Address)

TROY, MI 48084
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT MARTENS at (248) 288-6300
(Name of Person) (Area Code & Daytime Telephone Number)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 checked="" type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|---|

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

EXPRESS REMEDATION & RECONSTRUCTION, LLC

(Name of limited liability company)

TEXAS

(Jurisdiction of its organization)

10/11/2017

(Date registered with Florida Department of State)

M17000008709

(Florida Document Number)

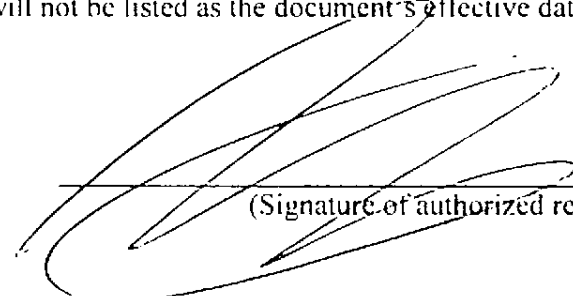
FILED
2021 APR 16 PM 1:36
STATE OF FLORIDA
DEPARTMENT OF STATE

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)

ROBERT MARTENS

(Typed or printed name of signee)

Filing Fee: \$25.00