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SECRETARY OF STATE DIVISION OF CORPORATIONS

THAMPTON
JUL 1 5 2009
EXAMINER

COVER LETTER

то:	Registration Section Division of Corporations		10 T 2009
SUBJE	~ : ·	gent Projects, L	
Dear Si	r or Madam:		
The end	losed withdrawal and fee(s) are submitted	for filing.	
Please 1	eturn all correspondence concerning this n	natter to the following	:
Roy	D. Roma		
	(Name of Person)		
Intel	igent Projects, LLC		
	(Firm/Company)		•
2832	22 Lindenhurst Drive		
	(Address)		
Wes	ley Chapel, Florida 33544	-2859	. '':
	(City/State and Zip Code))	
For fur	her information concerning this matter, ple	ease call:	
Roy	D. Roma		991-7503
	(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	Regist Divisi P.O. E	ING ADDRESS: cration Section on of Corporations Box 6327 cassee, Florida 32314
Enclos	ed is a check for the following amount:		
□\$25	Filing Fee \$\int \text{\$\frac{1}{2}\$}\$30 Filing Fee & [Certificate of Status	\$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

Intelligent Projects, LLC				
(Name of limited liability company)				
A Delaware Limited Liability Company (Jurisdiction of its organization)				
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.				
This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.				
28322 Lindenhurst Drive (Mailing address)				
Wesley Chapel, Florida 33544-2859 (City/State/Zip)				
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address (Signature of member or authorized representative of a member)				
Roy D. Roma (Typed or printed name of signee)				

Filing Fee: \$25.00