

MD1 000002440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

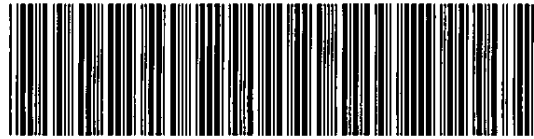
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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T. CLINE

JUL -7 2009

EXAMINER

MD1-2440

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Phoenix Theatres, 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:

Christine West  
(Name of Person)

Phoenix Adlabs Theatre Management, LLC  
(Firm/Company)

9111 Cross Park Dr., Ste. E-275  
(Address)

Knoxville TN 37923  
(City/State and Zip Code)

For further information concerning this matter, please call:

Christine West at ( 865 ) 692-4061 Ext. 231  
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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

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

Phoenix Theatres, LLC

(Name of limited liability company)

Tennessee

(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.

9111 Cross Park Dr., Ste. E-275

(Mailing address)

Knoxville TN 37923

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.

FILED  
2009 JUL -6 PM 10 12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Phil Zacheretti*

(Signature of member or authorized representative of a member)

Phil Zacheretti

(Typed or printed name of signee)

Filing Fee: \$25.00