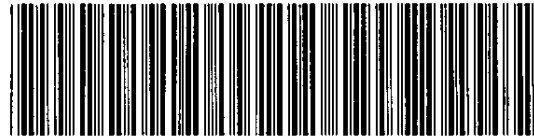


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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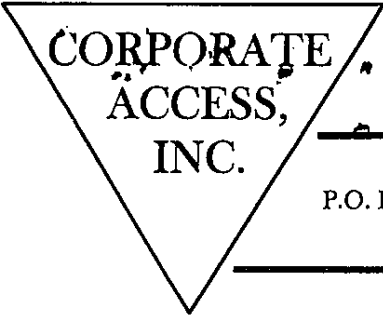
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- CERTIFIED COPY \_\_\_\_\_
- PHOTOCOPY \_\_\_\_\_
- CUS \_\_\_\_\_
- FILING LLC WITHDRAWAL

1. 4547 Semoran LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

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\_\_\_\_\_  
\_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 4547 SEMORAN 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:

Madelino NAZARIAN  
(Name of Person)

4547 SEMORAN LLC  
(Firm/Company)

287 ABBEY ROAD  
(Address)

HAWKASSOK NY 11030  
(City/State and Zip Code)

For further information concerning this matter, please call:

Madelino NAZARIAN at (516) 365 2917  
(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

**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  
14 AUG 18 PM 1:45  
STATE DEPT. OF STATE  
TALLAHASSEE, FLORIDA

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

4547 Semoraw LLC  
(Name of limited liability company)

NY

(Jurisdiction of its organization)

September 10 2004

(Date registered with Florida Department of State)

M04000003711

(Florida Document Number)

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

Madeleine Nazarian

(Signature of authorized representative)

MADECEINE NAZARIAN

(Typed or printed name of signee)

**Filing Fee: \$25.00**