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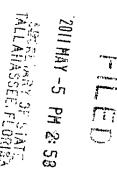
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EXAMINER



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COVER LETTER TO: Registration Section Division of Corporations Li'l Tony's Chic Off The Ole Block, LLC SUBJECT: (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: Pamela M. Day (Name of Person) (Firm/Company) 106 W. Charlotte Ave. (Address) **Eustis, FL 32726** (City/State and Zip Code) For further information concerning this matter, please call: Pamela M. Day 352 (Name of Person) (Area Code & Daytime Telephone Number) STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

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

Li'i Tony's Chic Off The Ole Block, LLC
(Name of limited liability company)
Operating in the State of Florida - Franchised in the State of Delaware
(Jurisdiction of its organization)
M0500002609
(Florida Document Number)
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.
106 W. Charlotte Ave.
(Mailing address)
(Mailing address) Eustis, FL 32726
(City/State/Zip)
The second secon
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
change in its maning address.
Famela M. Day
(Signature of member or authorized representative of a member)
Pamela M. Day
(Typed or printed name of signee)

Filing Fee: \$25.00