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FILE OF STATE OF STATE OF CORPORATIONS

J. BRYAN

JAN 2 9 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 351 PLAZA REAL DINING AUTHORITY, 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:
PATRICIA W. TULNER (Name of Person)
TRULUCK'S RESTAURANT GROUP  (Firm/Company)  23
9601 KATY FLWY 575210
Houson TX 77024 (City/State and Zip Code)
For further information concerning this matter, please call:
PATRICIA N. TURNER at (832) 358-2900 (Name of Person) (Area Code & Daytime Telephone Number)
(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 \$\sum \\$30 Filing Fee & \sum \\$55 Filing Fee & \sum \\$60 Filing Fee,  Certificate of Status Certified Copy Certified Copy  Certified Copy

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

351 PLAZA REALDINING AYTHORITY, LLC (Name of limited liability company)		_
STATE of TEXAS (Jurisdiction of its organization)		_
This limited liability company is no longer transacting business in Florida and surrend authority to transact business in this state.	ers it:	s
This limited liability company revokes the authority of its registered agent to accept servits behalf and appoints the Department of State as its agent for service of process base cause of action arising during the time it was authorized to transact business in Florida.	ice or d on a	n a
9601 KATY Fruy STE 210 (Mailing address)		
Hous 702 X 77024 (City/State/Zip)		
The limited liability company agrees to notify the Department of State in the future change in its mailing address.	of any	<b>,</b>
(Signature of member or authorized representative of a member)		
PATRICIA U. TURNER (Typed or printed name of signee)	08 JAN 25	SECRETARY DIVISION OF CO
	AM I	CORPORA

Filing Fee: \$25.00