m0600000/725

	(Requestor's Name)
	(Address)
,	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:

A. LUNT

AUG 18 2008

EXAMINER

Office Use Only



100134407621

08/15/08--01005--018 **30.00



COVER LETTER

TO:	Registration S Division of C						
SUBJ	ECT:	Versa Sc (Name of Fo	apes Limited Lin	ability Co	ompany)		
Dear S	ir or Madam:						
The en	closed withdray	val and fee(s) are submit	ted for filing.				
Please	return all corres	pondence concerning th	is matter to the fo	llowing:			
	Leet	hn Wagne				SECNE	7000 AI
		Scapes (Firm/Company)	_			SECRETARY OF STATE ALLAHASSEE, FLORIDA	5 7
· · · · · · · · · · · · · · · · · · ·	P 0 1	Box 2108	3			ATE ATE	:: 08
	1+. PI	easant (City/State and Zip Co	C 29	46:	5		
For fur		a concerning this matter, Ann Wagne e of Person)		-3,	224-14	33	
	(Nam	e of Person)	(Area	Code & D	aytime Telephone Nu	umber)	
	Registration S Division of C Clifton Buildi	orporations ng ve Center Circle		Registra: Division P.O. Box	NG ADDRESS: tion Section of Corporations x 6327 see, Florida 32314		
Enclos	ed is a check fo	r the following amount	t:				
\$ 25	Filing Fee]	\$30 Filing Fee & Certificate of Status	\$55 Filing F Certified Co		\$60 Filing Fee, Certificate of St Certified Copy		

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

Versa Scapes LLC
(Name of limited liability company)
South Carolina
(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.
PO Box 2108 (Mailing address)
Mount Pleasant SC 29465 (City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
Lee Any Jamer
(Signature of member or authorized representative of a member) Lee Ann Wagner ARE
(Typed or printed name of signee) SSET P 2: 08

Filing Fee: \$25.00