## MOODOW) 2534

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
. (Business Entity Name)				
(Do	cument Number)			
(50	t transcrip	•		
Certified Copies	; _ Certificates	of Status		
Special Instructions to Filing Officer:				
·		:		
	$D_B$			

Office Use Only



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SECRE INRY OF STATE
ALLAHASSEE, ELORIO

## **COVER LETTER**

Registration Section

Division of Corporations		
SUBJECT: Southern Power (Name of Foreig	Company - DeSoto, n Limited Lability Company)	LLC
Dear Sir or Madam:		
The enclosed withdrawal and fee(s) are submitted for	or filing.	
Please return all correspondence concerning this ma	atter to the following:	
Cynthia Kidd (Name of Person)		07 SECI
Southern Company	Services, Inc.	JUL 19 PH AHASSEE.FI
30 Ivan Allen Jr.	Blvd.	9 PM 3: N9 SEE. FLORIDA
Atlanta, GA 303 (City/State and Zip Code)	08	
For further information concerning this matter, plea-	se cali:	
Cynthia Ki'dd (Name of Person)	at ( <u>404</u> ) <u>506-0595</u> (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 \$\times \text{S30 Filing Fee & Certificate of Status}	\$55 Filing Fee & \$60 Filing Fee, Certified Copy Certificate of Status & Certified Copy	z.

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

Southern Power (	Company - Des	poto, LLC	
	(Name of limited liability company)	M0600	000 2534
Delaware	·		
	(Jurisdiction of its organization)		<del></del>
This limited liability company is authority to transact business in th	no longer transacting busin is state.	ess in Florida and sur	rrenders its
This limited liability company revits behalf and appoints the Departure of action arising during the	vokes the authority of its reg rtment of State as its agent it time it was authorized to trans	istered agent to accept or service of process sact business in Florida	service on based on a a.
30 Ivan	Allen Jr. Bl. (Mailing address)	ıd.	
Atlanta	CA 30308 (City/State/Zip)		
The limited liability company as change in its mailing address.	grees to notify the Departme	ent of State in the fut	ture of any
Signature of member or authorized	d representative of a member	a .	-
	•	,	₹
Patricia L. Rob (Typed or printed name of signee)		· ·	O7-JUL 19 F
		FLORIC	1.3.0 1.3.0 1.3.0

Filing Fee: \$25.00