M0800003442

(Re	questor's Name)	
		•
(Ad	dress)	
(Ad	dress)	
•	,	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
,		

Office Use Only



500147324945

03/30/09--01022--016 **25.00

O9 MAR 30 PM 3: 17
SECRETARY OF STATE

D. BRUCE

MAR 3 1 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SPINNER ENTER PRISES LACE (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:
ADAM MccleMan (Name of Person)
Spinner Enterprises LC (Firm/Company)
313 W. 42nd St (Address) See State and Zip Code) MAR 30 PH 3: The state and Zip Code)
Javannah, GA 31401 City/State and Zip Code)
For further information concerning this matter, please call: ADAM McClellan at (310) 500-7671 (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 \$ \$55 Filing Fee \$ \$60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

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

SPINNER ENTREPRISES UC
(Name of limited liability company)
Georgia /Fluruda (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.
313 W. 42nd St. (Mailing address)
Savannah GA 31401 (City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
(Signature of member or authorized representative of a member)
ADAM McClellan Cowner)
(Typed or printed name of signee)
TORPE STATE

Filing Fee: \$25.00