Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H120000069143)))



H120000069143ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

; (850) 617-6383

From:

Account Name

: BAND WEINTRAUB, P.L.

Account Number : I20090000020

Phone

: (941) 917-0505

Fax Number

(941) 917-0506

LLC DISSOLUTION OR WITHDRAWAL

| KAROL FAMILY, LLC     |   |  |
|-----------------------|---|--|
| Certificate of Status | 0 |  |
| Certified Copy        | 0 |  |

| 0 15 10          |          |
|------------------|----------|
| Certified Copy   | <u> </u> |
| Page Count       | 02       |
| Estimated Charge | \$25.00  |

Electronic Filing Menu

Corporate Filing Menu

J. SAULSBERRY EXAMINER Help

JAN 112012

Audit #(((H12000006914 3)))

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

| KAROL FAMILY, LLC  |
|--|
| (Name of limited liability company)  |
| DELAWARE   |
| (Jurisdiction of its organization)   |
| M09000002376   |
| (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.  |
| 4920 HOMERDALE AVENUE (Mailing address)  |
| TOLEDO, OH 43623-2931<br>(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)  GREGORY S. BAND. AUTHORIZED REPRESENTATIVE   |
| TO A TO THE TOTAL PROPERTY OF A MANAGED PARTY OF THE PART |
| m o  |
| (Typed or printed name of signee)  Fig. 3 A Fig. |
| B <b>7</b>   |

Audit #(((H12000006914 3)))

Filing Fee: \$25.00