

M110000001302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

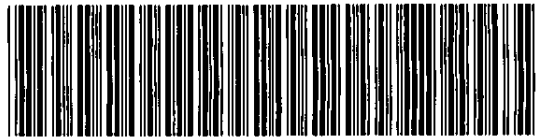
(Business Entity Name)

(Document Number)

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2013 JUN 24 PM 2:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 25 2013  
J. BRYAN

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DARK HOLLOW HOLDINGS 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:

ALICIA ALONSO-WELCH  
(Name of Person)

DACRA  
(Firm/Company)

3841 NE 2ND AVENUE, STE. 400  
(Address)

MIAMI, FLORIDA 33137  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

LINDA EBIN, ESQ. at ( 305 ) 531-8700  
(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 & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

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

**DARK HOLLOW HOLDINGS, LLC**

(Name of limited liability company)

**DELAWARE**

(Jurisdiction of its organization)

**M11000001302**

(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.

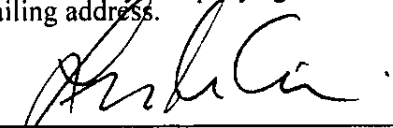
**3841 N.E. 2ND AVENUE, SUITE 400**

(Mailing address)

**MIAMI, FLORIDA 33137**

(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)

**LINDA EBIN, GENERAL COUNSEL**

(Typed or printed name of signee)

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SECRETARY OF STATE  
FLORIDA

**Filing Fee: \$25.00**