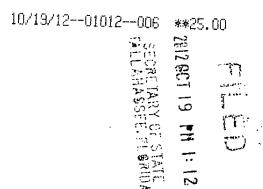
## M1200002491

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T. CLINE

OCT 22 2012

**EXAMINER** 

## **COVER LETTER**

TO: Registration : Division of C				
SUBJECT:	Patriot Tech	nologies Gr	roup, LLC	
	(Name of Fore	ign Limited Liability (	Company)	
Dear Sir or Madam:				
The enclosed withdraw	wal and fee(s) are submitted	l for filing.		
Please return all corre	spondence concerning this	matter to the following	:	
Julie	L A. McSh	ea		
	(Name of Person)		·	
Patriot T	echnologies (	Group, LLC		
	(Firm/Company)			res:
21022 Au	berry Rd (Address)	(maile	ng address)	<del>-</del> ' -
	(Address)	for t	forms	4390 King St. Ste 412
Clovis, C	City/State and Zip Code			Alexandria, VA
•	(City/State and Zip Code	<b>;)</b>		2230Z
For further information	on concerning this matter, p	lease call:		ETAR:
Julie L	IcShea.	at (559)	213-2102	
(Na	me of Person)	(Area Code &	Daytime Telephone Number)	
STREET/C	OURIER ADDRESS:		LING ADDRESS:	
Registration Section Registration Section Division of Corporations Division of Corporations				
Clifton Building P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314		
i ananassee,	r 10110a 32301	",		
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

Patriot Technologies Group, LLC
(Name of limited liability company)
DE
(Jurisdiction of its organization)
M12ØØØØØ2691
(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.
21022 Aubery Rd (Mailing address)
Clovis, CA 93619 (City/State/Zip)
(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)  JULIE A. McSHEA Director of Business Of The Control of Business O
(Signature of member or authorized representative of a member)
TULIE A. McSILEA Director of Brusiness Office (Typed or printed name of signee)
(Typed or printed name of signee)
REPORT 12
$\mathcal{E}_{i}$

Filing Fee: \$25.00