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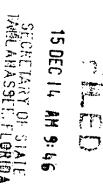
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT:
Dear Sir or Madam:
The enclosed withdrawal and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Thomas A. Freeman (Name of Person)
Discous Money 22C (Firm/Company)
181 Oceans Edge Drive
Porte Vedra Bead, F1 52082 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (SOQ) 476-5278 (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 Certified Copy Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

(Name of limited liability company)			
(Name of limited liability company)			
St. John's County (Jurisdiction-offsts organization)			_
(Jurisdiction-oficial organization)			
3-8-2011			_
(Date registered with Florida Department of State)			
45-1294529			
(Florida Document Number)	\$		
This limited liability company is withdrawing its certificate of authority in this state	が通い	3	
(Florida Document Number) This limited liability company is withdrawing its certificate of authority in this state	ATE I	DEC 14	· wife
	SSE	+	The state of
(Signature of authorized representative)			
Thomas A. Freeman	STATE	9 t :6	E MANAGE STATES
(Typed or printed name of signee)	لللاثن	-,	

Filing Fee: \$25.00