

MU700002937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

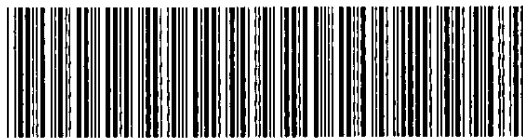
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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10/18/10--01029--017 **50.00

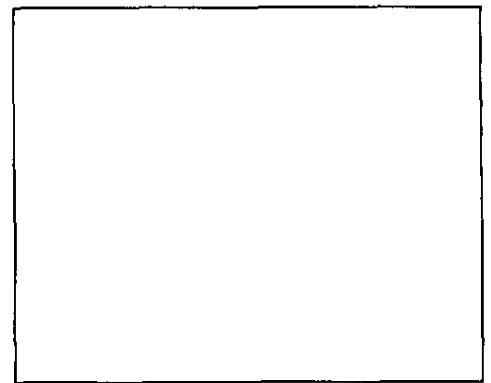
B. KOHR

OCT 18 2010

EXAMINER

10 OCT 15 AM 10:02
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FLORIDA RESEARCH & FILING SERVICES, INC.
1211 CIRCLE DRIVE
TALLAHASSEE, FL 32301
PHONE (850)656-6446



OFFICE USE ONLY

WALK-IN

ENTITY NAME:

AFC LLC

CK# 4889 FOR \$50.00 (\$25.00 for this filing)

10 OCT 15 AM 10:00
DIVISION OF CORPORATIONS
STATE OF FLORIDA

PLEASE FILE THE ATTACHED WITHDRAWAL & RETURN THE FOLLOWING:

- CERTIFIED COPY
- STAMPED COPY
- CERTIFICATE OF STATUS

Examiner's Initials

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AFC LLC
(Name of Limited Liability Company)

FILED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
10 OCT 15 AM 10:04

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

TLS/NRAI
(Contact Person)

NRAI CORPORATE SERVICES
(Firm/Company)

2731 EXECUTIVE PARK DRIVE, SUITE 4
(Address)

WESTON, FL 33331
(City/State and Zip Code)

For further information concerning this matter, please call:

TLS at (954-) 318-2787
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee &
Certified Copy

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

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

FILED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
10 OCT 15 AM 10:04

AFC LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

M07000002937

(Florida Document Number)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

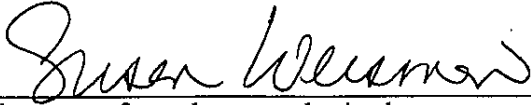
This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.

1825 MAIN STREET, SUITE 19 WESTON FL 33326

(Mailing address)

(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)

WEISMAN, SUSAN, MANAGER

(Typed or printed name of signee)

Filing Fee: \$25.00