#10500004605

Office Use Only



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K. SALY EXAMINER DEC 1 2010

COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT: Will-	Mont Group LLC		
		reign Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withdr	awal and fee(s) are submitt	ed for filing.	
Please return all corr	respondence concerning thi	s matter to the following	3:
Bonnie L. Mont	gomery		
	(Name of Person)		•
Will-Mont Grou	p LLC		
	(Firm/Company)		•
P.O. Box 101			
	(Address)		
Harbeson DE 1	19951		
	(City/State and Zip Coo	de)	•
For further informati	on concerning this matter,	please call:	
Bonnie L. Montgomery		_{at (} 302	245-6589
(Na	ame 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

FLORIDA
Will-Mont Group LLC (Name of limited liability company) 18940 Harbeson Road, Harbeson DE 19951
Will-Mont Group LLC
(Name of limited liability company)
18940 Harbeson Road, Harbeson DE 19951
(Jurisdiction of its organization)
M05000004605
(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.
P. O. Box 101
(Mailing address)
Harbeson DE 19951
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
Bonnie L. Montgomer
(Signature of member or authorized representative of a member)
Bonnie L. Montgomery
(Typed or printed name of signee)

Filing Fee: \$25.00