834///

(Rec	questor's Name)	1
(Add	dress)	**
(Add	dress)	······································
(City	//State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Na	me)
(Doc	cument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	Certificate	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



500096949315

Withdr Newis

04/17/07--01043--006 **35.00





Innovative People... Effective Solutions

February 23, 2007

Florida Department of State Registration and Amendment Sections Division of Corporations PO Box 6327 Tallahassee, FL 32314

Company:

ASARCO LLC

Federal ID:

81-0666284

Form/s:

Application for Registration + Application for Withdrawal 64

GRAPHET

Remittance:

\$125.00 + \$35.00 = \$160.00

Dear Sir or Madam:

On behalf of the above-referenced company, we are submitting the \$100 fee for the Application by Foreign LLC to Transact Business, along with \$25 to accompany the Designation of Registered Agent form. A Certificate of Good Standing for the LLC is also enclosed.

Additionally, we are requesting the withdrawal of ASARCO Incorporated (the LLC's predecessor entity) with the filing of the Application by Foreign Corporation for Withdrawal of Authority to Transact Business or Conduct Affairs in Florida. We submit an additional \$35 to 12 cover the corresponding filing fee for this action.

Please acknowledge receipt of the above by signing below and returning this letter in the enclosed self-addressed, stamped envelope. If you have any questions, please contact me at (520) 798-7598.

Sincerely,

Alan Y.C. Yb g, Tax Solutions Consultant Keegan Linscott & Kenon, P.C.

Enclosures

Received By	Date

COVER LETTER

	mendment Section
D	ivision of Corporations
SUBJEC	T: ASAFED SHC.
	(Name of Corporation)
DOCUM	ENT NUMBER: \$3411
The enclo	sed withdrawal application and fee are submitted for filing.
	urn all correspondence concerning this the following: JOSEPH I. HITTER (Name of Person)
_	ASARCO LLC
	(Firm/Company)
	1150 N. 7 AVENUE
_	(Address)
	Tucson, AZ 85705-6606
_	(City/State and Zip code)
For furthe	er information concerning this matter, please call:
_Jo:	(Name of Person) at (520) 798-7729 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

ASAREO JURPORATED (Name of Corporation)
(Name of Corporation)
934 []
(Document Number of Corporation (if known)
NEW JERSEY
(Incorporated Under Laws of)
This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.
This corporation revokes the authority of its registered agent in Florida 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 or conduct affairs in Florida.
The following is a current mailing address for the corporation:
1160 N. TE AVENUE
(Mailing Address)
Tueson, AZ 85705-6606 (City/ State /Zip)
(City/ State /Zip)
The corporation agrees to notify the Department of State in the future of any change in its mailing address.
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) (Date)
OSCAR GOLFALE COLFROLER (Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35