# L04000 3698

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
<b>i</b> (Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

91/10

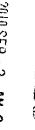


300184827913

09/03/10--01008--016 \*\*35.00

SECRETARY OF STATE

ZUIU SEP -3 AM 9: 34



#### **COVER LETTER**

Division of Corporations
SUBJECT:
DOCUMENT NUMBER: <u>F0400003698</u>
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:  Nicholas Christy  (Name of Person)  LMi (O OF SOUTHWEST FLORIDA, INC.  (Firm/Company)  1/09 SW 44TH STREET  (Address)  CAPE CORAL FL 33914  (City/State and Zip code)
For further information concerning this matter, please call:
N; CHOLAS CHRISTY at (339) 54/-873/ (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

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

LMi, OF Southwest Plopida, INC (Name of Corporation)
F04000003698 (Document Number of Corporation (if known)
MicHiGAN (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:
1109 SW 44TH STREET (Mailing Address)
CAPE CORAL FL 33914  (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 - it is the hands of a receiver or other court appointed fiduciary, by that fiduciary)
Wicholas CHRISTY PRESIDENT (Typed or printed name of person signing) (Title of person signing)

**FILING FEE \$35**