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(Requestor's Name)	
(Address) (Address)	700082760927
(City/State/Zip/Phone #)	
Business Entity Name)	12/26/0601037021 **60.00
(Document Number)	
Certified Copies Certificates of Status	SECRETARY OF STATE DIVISION OF CORPORATION 06 DEC 26 PM 4: 44

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COVER LETTER

TO: **Registration Section Division of Corporations**

SUBJECT: Town Star Food Stores, LLC

(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Douglas R. Aiosa

(Name of Person)

CAVCO OF NORTH FLORIDA INC

(Firm/Company)

9995 GATE PARKWAY, SUITE 200

(Address)

JACKSONVILLE, FLORIDA 32246

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person)

MAILING ADDRESS: **Registration Section**

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

at (<u>904</u>)<u>636-0032</u> (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section Division of Corporations **Clifton Building** 2661 Executive Center Circle Tallahassee, Florida 32301

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

Town Star Food Stores, LLC

(Name of limited liability company)

Colorado

(Jurisdiction of its organization)

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.

9995 GATE PARKWAY, SUITE 200

(Mailing address)

JACKSONVILLE, FLORIDA 32246

(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)

Douglas R. Aiosa (Typed or printed name of signee)

Filing Fee: \$25.00