

M 000000000722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

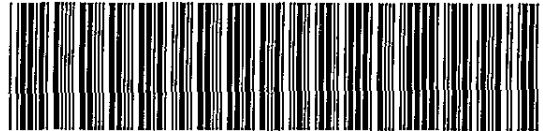
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

1/21/03 *dist*

Office Use Only



500010051775

01/17/03--01047--003 **25.00

FILED
03 JAN 17 AM 10:09
RECEIVED
TALLAHASSEE, FLORIDA

**THE STOLAR PARTNERSHIP
ATTORNEYS AT LAW**

THE LAMMERT BUILDING
911 WASHINGTON AVENUE
ST. LOUIS, MISSOURI 63101-1290
(314) 231-2800
—
FACSIMILE (314) 436-8400

RANDALL A. MARTIN
Email: RAM@STOLARLAW.COM

ILLINOIS OFFICE
10 SOUTH JACKSON STREET
SUITE 300
P.O. BOX 484
BELLEVILLE, ILLINOIS 62222-0484
(618) 277-1030
FACSIMILE
(618) 277-1882
H. M. STOLAR
(RETIRED 1984)

January 14, 2003

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
03 JAN 17 AM 10:10
TALLAHASSEE, FLORIDA
STATE CLERK

Re: Sarasap, LLC

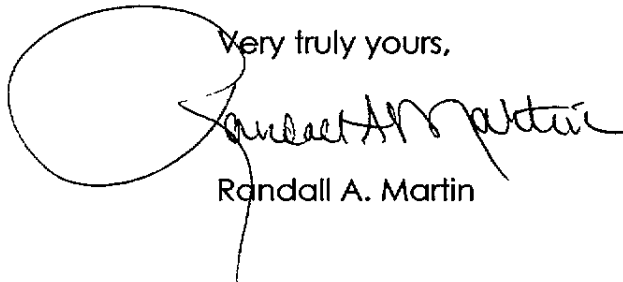
Dear Sir or Madam:

Enclosed please find the original of the Application By Foreign Limited Liability Company For Withdrawal Of Authority To Transaction Business In Florida which I submit for filing in respect of the above-referenced Missouri Limited Liability Company. Also enclosed is a check for such entity, payable to the order of the Florida Department of State, in the amount of \$25 as the filing fee for the above-referenced Application.

I await receipt of a letter of acknowledgment that is issued upon the request of withdrawal.

Thank you.

Very truly yours,



Randall A. Martin

RAM/pmp
Enclosures

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

Sarasap, LLC
(Name of limited liability company)

Missouri
(Jurisdiction of its organization)

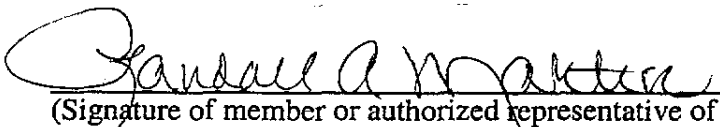
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

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.

c/o Randall A. Martin, Manager
911 Washington Avenue, 7th Floor
(Mailing address)

St. Louis, Missouri 63101
(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)

RANDALL A. MARTIN
(Typed or printed name of signee)

Filing Fee: \$25.00

FILED
03 JAN 17 AM 10:10
TALLAHASSEE FLORIDA
SECRETARY OF STATE