(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	<del></del>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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G. MCLEOD

JAN 22 2010

**EXAMINER** 



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01/21/10--01044--020 \*\*60.00

## **COVER LETTER**

TO:	Registration Section Division of Corporations				
		Federal	_		
SUBJE	CT: JSA Ventures,LLC	Emplan	ID #	56-	2208089
	(Name of Fo	reign Limited Liability	Company)		
Dear Si	r or Madam:		,		
The end	closed withdrawal and fee(s) are submitt	ed for filing.			
Please 1	return all correspondence concerning thi	s matter to the following	g:		
Sheli	a Aldridge		_		
	(Name of Person)				
JSA V	Ventures,LLC				
	(Firm/Company)		-		
135 8	St. Mellions Place		_		
	(Address)				
Pinel	nurst, N.C. 28374				
	(City/State and Zip Co	de)	-		
For furt	ther information concerning this matter,	please call:			
Sheli	a Aldridge	at ( 910	, 585-27	72	
	(Name of Person)		Daytime Telep	hone Nun	nber)
	STREET/COURIER ADDRESS:		LING ADDRI		
	Registration Section Division of Corporations	Registration Section Division of Corporations			
	Clifton Building	P.O. Box 6327			
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclose	ed is a check for the following amount	:			
<b>□\$</b> 25	Filing Fee \$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	✓\$60 Fitin Certifica Certified	te of Stat	tus &

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

JSA ventures, LLC	36-2208089
	(Name of limited liability company)
North Carolina	
	(Jurisdiction of its organization)
This limited liability company is authority to transact business in the	s no longer transacting business in Florida and surrenders its nis state.
This limited liability company re its behalf and appoints the Depa cause of action arising during the	evokes the authority of its registered agent to accept service on artment of State as its agent for service of process based on a time it was authorized to transact business in Florida.
135 St. Mellions F	Place (Mailing address)
Pinehurst, N.C. 283	74 (City/State/Zip)
The limited liability company a change in its mailing address.	grees to notify the Department of State in the future of any
(Signature of member or authoriz	ed representative of a member)
Shelia Aldridge	
(Typed or printed name of signee	)

Filing Fee: \$25.00

SECRETARY OF STATEMENT OF CURPORATION OF CURPORATION