M00000081690

(Re	equestor's Name)			
		. <u></u>		
(Ac	ddress)			
(Ac	idress)			
(City/State/Zip/Phone #)				
D DICK UP		8 4 A II		
PICK-UP	☐ WAIT ☐	MAIL		
(Bu	isiness Entity Name)			
(Do	ocument Number)			
Certified Copies	Certificates of Status	·		
Special Instructions to	Filing Officer;			
1		ı		
+		I		
	70			
IM-1690		•		
<u> </u>				
m-1690	Office Use Only			
<i>N</i> ' ' '				



400045845594

02/04/05--01033--024 **175.00

05 FEB 28 PH 1: 05



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 9, 2005

DAVID W. CARY ACCOUNTANT 1325-C DEL PRADO BLVD. S. CAPE CORAL, FL 33990-3724

SUBJECT: SLENDER LIFE CAPE CORAL, LLC

Ref. Number: M0000001690

We have received your document for SLENDER LIFE CAPE CORAL, LLC and your check(s) totaling \$175.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6890.

Jason Merrick Document Specialist

Letter Number: 605A00009255

•			1
· · · · ·	TRANS	MITTAL LETTER	•
TO: Registration Sect Division of Corp			
•	lender C	fe - Cape Limited Liability Company)	Coral UC
The enclosed Articles of D	Dissolution and fee(s) are sub	omitted for filing.	
Please return all correspon	dence concerning this matte	er to the following:	
		Olares of Parriers	
	David W Car	(Name of Person)	
	1325-C Del Pi	y Accountant rado Blvd.S ———	
		orida 33990-3724	
·			
		(Address)	
	(Ci	ty/State and Zip Code)	
For further information co	ncerning this matter, please (Name of Person)	call: 1 at (2 5 7) 4 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	8-077) Telephone Number)
Enclosed is a check for the fo	llowing amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	T ADDRESS:	MAILING ADDRI	
Division	tion Section of Corporations	Registration Section Division of Corpora	·
	aines Street see, Florida 32399	P.O. Box 6327 Tallahassee, Florida	32314 FULL TO
			H 1: 05

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

SLENDER LIFE CAPE CORM LIC
(Name of limited liability company)
NEVADA
(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.
9761 EAGLE PRESERVE AVE. (Mailing address)
Englewood Fr 3\$224 (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 of authorized representative of a member)
PAVID W. CARY
(Typed or printed name of signee)

Filing Fee: \$25.00