m 0000000 2470

(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:
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01/13/04--01029--002 **30.00



January 8, 2004

Florida Department of State Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Withdrawal of Risk Management Alternatives Solutions, LLC

Dear Sir or Madam:

Please file the withdrawal documents for Risk Management Alternatives Solutions, LLC and send the certificate of status to:

2675 Breckinridge Blvd. Duluth, GA 30096

A check in the amount of \$30.00 is included to cover filing fees.

Thank you for your assistance in this matter.

Edea Kickpatrick

Sincerely,

Deidra Kirkpatrick Tax Specialist SEUNCIANY OF JUNE

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

Risk Mar	nagement Alternatives Solutions LLC		
,	(Name of limited liability company)		
Delaware	re		
	(Jurisdiction of its organization)		
This limite authority to	ed liability company is no longer transacting business in Florida and surre o transact business in this state.	nders its	
This limited behalf and of action ar	ed liability company revokes the authority of its registered agent to accept servit appoints the Department of State as its agent for service of process based on using during the time it was authorized to transact business in Florida.	ice on its a cause	
	2675 Breckinridge Blvd.		
•	(Mailing address)	400 <u> </u>	
	Duluth, GA 30096		
,	(City/State/Zip)	112 1261	2 2 5 5 3
The limited in its mailir	d liability company agrees to notify the Department of State in the future of and ing address.	yichange 3	They have they
(Signature	of member or authorized representative of a member)	35 35 25 25 25 25 25 25 25 25 25 25 25 25 25 2	
_	vyn Heusel/ Sr. Vice-President		
, O O W	Tyre roughly on those in the control of the control		

Filing Fee: \$25.00

(Typed or printed name of signee)