

M01060001315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

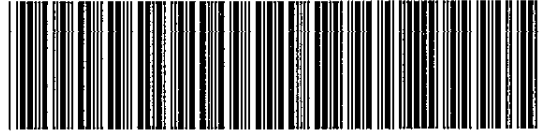
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200016946012

*hpc*

RECEIVED  
03 JUN 16 AM 11:38 03 JUN 16 PM 3:00  
FILED  
DIVISION OF CORPORATION SERVICES  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 131809 4375356

AUTHORIZATION : *Patricia Pignato*

COST LIMIT : \$ 25.00

03 JUN 16 PM 3:00  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : June 13, 2003

ORDER TIME : 10:24 AM

ORDER NO. : 131809-025

CUSTOMER NO: 4375356

CUSTOMER: Ms. Christina V. Lynge  
Sfx Entertainment Inc.  
220 West 42nd Street

New York, NY 10036

FOREIGN FILINGS

NAME: VEGGIETALES TOURING, LLC

CORPORATE  
 LIMITED PARTNERSHIP  
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
 PLAIN STAMPED COPY  
 CERTIFICATE OF STATUS

CONTACT PERSON: Susie Knight - EXT# 1156

EXAMINER: \_\_\_\_\_

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

VeggieTales Touring, LLC  
(Name of limited liability company)

Delaware  
(Jurisdiction of its organization)

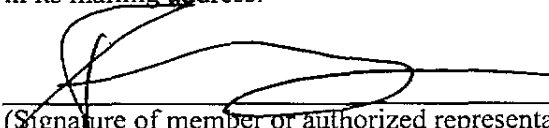
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

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.

220 West 42nd Street  
(Mailing address)

New York, NY 10036  
(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)

Dale A. Head  
(Typed or printed name of signee)

FILED  
JUN 16 PM 3:00  
TALLAHASSEE FLORIDA

**Filing Fee: \$25.00**