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(Requestor's Name)				
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(Business Entity Name)				
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Asset Management associa				
(Name of Fore	ign Limited Liabili	ty Company)		
Dear Sir or Madam:				
The enclosed withdrawal and fee(s) are submitted	for filing.	*		
Please return all correspondence concerning this	matter to the follow	ing:		
Daniel Damiano .				
(Name of Person)				
Asset Management Associates, LLC		_		
(Firm/Company)			PES BOT	
			音高 等	eneri
14 North Broadway, 3rd Fl.			2001 APR 10 SEGRETAS) (ALLAHASS	e interes
(Address)				. ∓ . ≠
Townstern N.V. 10501			AMIO: 54 OF STATE	•
Tarrytown, N.Y. 10591 (City/State and Zip Code)			
			4-11	
For further information concerning this matter, pl	ease call:			
D . 1 D .	017	501 0160		
Daniel Damiano (Name of Person)	at (at (524-9460 & Daytime Telephone Number)		
(value of reson)	(Mea Code	e baytime receptione (valider)		
STREET/COURIER ADDRESS:	MA	AILING ADDRESS:		
Registration Section	Reg			
Division of Corporations Clifton Building	Div P.O			
2661 Executive Center Circle	Tal			
Tallahassee, Florida 32301				
Enclosed is a check for the following amount:				
✓ \$25 Filing Fee ■ \$30 Filing Fee &	\$55 Filing Fee &	& \$60 Filing Fee,		
Certificate of Status	Certified Copy	Certificate of Status & Certified Copy	:	

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

ASSET MANAGEMENT ASSOCIATES, LLC
(Name of limited liability company)
NEW YORK
(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.
14 North Broadway, 3rd Fl.
(Mailing address)
Tarrytown, N.Y. 10591 (City/State/Zip)
(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 Onember of authorized representative of a member) Daniel Damiano (Typed or printed name of signee)

Filing Fee: \$25.00