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SECRETARY OF STATES ON SECRETARY OF CORPORATION OF



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Mendoza Capita (Name of For	Partners, CCC eign Limited Liability Company)	
Dear Sir or Madam:		
The enclosed withdrawal and fee(s) are submitte	d for filing.	
Please return all correspondence concerning this	matter to the following:	
Christopher Mendrza (Name of Person)	· -	-
		01VIS 2005.
(Firm/Company)		JAN -
8666 Commerce Ave (Address)		DIVISION OF CORPORATION
San Piego, CA 92121 (City/State and Zip Cod	le)	1:46
For further information concerning this matter, p	please call:	
Christopher Mentoza	at (<u>GI9</u>) <u>946 SQ8Q</u> (Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:	:	
S25 Filing Fee \$\times \text{S30 Filing Fee & Certificate of Status}	S55 Filing Fee & S60 Filing Fee, Certified Copy Certificate of Status & Certified Copy	

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

Mendoza Capital Partners, LLC (Name of limited liability company)	<u></u>	_ _ -
Delaure (Jurisdiction of its organization)		
This limited liability company is no longer transacting business in Florida and surrenauthority to transact business in this state.		
This limited liability company revokes the authority of its registered agent to accept ser its behalf and appoints the Department of State as its agent for service of process base cause of action arising during the time it was authorized to transact business in Florida.	vice ed or	on 1 a
PMB 338, 9625 Mission Garge Rd, SuiteBQ (Mailing address)		
Santee, CA 92071 (City/State/Zip)		-
The limited liability company agrees to notify the Department of State in the future change in its mailing address.	£1015	ın <u>y</u> liVisi
(Signature of member or authorized representative of a member)	JAN -3	CRETARY ON OF CO
Christopher Mendoza (Typed or printed name of signee)	A =: 1	OF STAIL

Filing Fee: \$25.00