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SECRETARY OF STATE
AND ASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Small World Importers, LL	.C			
	oreign Limited Liability	Company)		
Dear Sir or Madam:				
The enclosed withdrawal and fee(s) are submit	ted for filing.			
Please return all correspondence concerning th	is matter to the followin	g:		
Kathie Brown Roberts				
(Name of Person)		_		
Small World Importers, LLC				
(Firm/Company)		-		
7 Pepperwood Pointe			2006 MAY -2 PH 4: 00 SECRETARY OF STATE TALLAHASSEE, FLORID	777
(Address)		_	韶	
Sandy, Utah 84092		_	RY (FED
(City/State and Zip Co	ode)	_	F SI	U
For further information concerning this matter,	please call:		DRIFA	
Kathie Roberts	at (801	、835-9001		
(Name of Person)		Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations 30x 6327 nassee, Florida 32314		
Enclosed is a check for the following amount	t:			
\$25 Filing Fee \$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	S60 Filing Fee, Certificate of Status & Certified Copy	Št.	

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

Small World Importers, 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.
7 Pepperwood Pointe (Mailing address)
ZDON TAIL
Sandy, Utah 84092
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
Matter Emura Rokent
(Signature of member or authorized representative of a member)
Kathie Roberts
(Typed or printed name of signee)

Filing Fee: \$25.00