M10000002043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOANNE ZIMMERMAN FAMILY PROPERTIES, L.L.C.
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GARY L. BOWERMAN
(Name of Person)

BOWERMAN, BOWDEN, FORD, CLULO & LUYT, PC
(Firm/Company)

620-A WOODMERE
(Address)

TRAVERSE CITY, MI 49686
(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

GARY L. BOWERMAN at (231) 941-8048
(Name of Person) (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:

☑ $25 Filing Fee ☐ $30 Filing Fee & Certificate of Status ☐ $55 Filing Fee & Certified Copy ☐ $60 Filing Fee, Certificate of Status & Certified Copy

cc: JoAnne M. Zimmerman
Fifth Third Bank Trust Department
Madonna J. Williams, CPA
David K. Oaks, P.A.

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

JOANNE ZIMMERMAN FAMILY PROPERTIES, L.L.C.
(Name of limited liability company)

MICHIGAN
(Jurisdiction of its organization)

M01000002043
(Florida Document Number)

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.

C/O 5-3 BANK TRUST DEPT., P.O. BOX 589
(Mailing address)

TRAVERSE CITY, MI 49685
(City/State/Zip)

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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)

JOANNE M. ZIMMERMAN
(Typed or printed name of signee)

Filing Fee: $25.00