## 10000000000000000083

(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:
'AL'

Office Use Only



300077595063

07/18/06--01028--004 \*\*25.00

## **COVER LETTER**

Division of Corporations	نت د ا من جربها راز و بهوات تحتم تحاصت استخداما	<i></i>		
SUBJECT: Alabama Cowboy Der	iis LLC			
	Foreign Limited Liabilit	y Company)	<del></del>	
Dear Sir or Madam:				
The enclosed withdrawal and fee(s) are subm	itted for flimg.			
Please return all correspondence concerning t	his matter to the followi	ng:		
Daniel C. Stiles, Esq.			2006 JUL 18 SECRETARY TALLAHASSE	T
Isaacson Rosenbaum P.C.			JUL 18 P 3: 35 RETARY OF STATE HASSEE, FLORID	
(Firm/Company)			LORA STA	
633 17th Street, Suite 2200			DF 35	,
(Address)				
Denver, Colorado 80202		<del>_</del>		
(City/State and Zip C	(ode)			
For further information concerning this matter	, please call:			
Daniel C. Stiles, Esq.	at ( 303	, 292-5656		
(Name of Person)		& Daytime Telephone Nur	mber)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regis Divis P.O. 1	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314		
Enclosed is a check for the following amoun	t:			
\$25 Filing Fee \$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	S60 Filing Fee, Certificate of Star Certified Copy	tus &	

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

Alabama Cowboy Denis LLC
(Name of limited liability company)
Colorado
(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.
4806 Windswept Dr.  (Mailing address)
(Mailing address)  SECRETARY OF TOTAL City/State/Zip)  (Mailing address)  ALL ARY OF TOTAL 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)
(Typed or printed name of signee)

Filing Fee: \$25.00