

M01000002139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

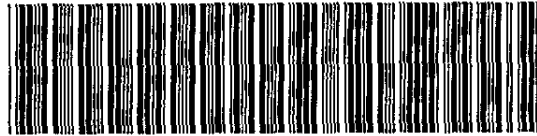
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FILED
05 JUL -6 AM 11:22
TALLAHASSEE, FLORIDA

FILED
05 JUL -6 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT CORPORATION

July 6, 2005

Department of State, Florida
409 East Gaines Street
Tallahassee FL 32399

FILED
05 JUL -6 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Order #: 6400435 SO
Customer Reference 1:
Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

SMG/LMI, L.L.C. (DE)
Cancellation
Florida

Facility Management Corporation of Pensacola (FL)
Dissolution
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Benjamin Socia
Fulfillment Specialist
benjamin_socia@cch-lis.com

1203 Governors Square Boulevard
Tallahassee, FL 32301-2960
Tel. 850 222 1092
Fax 850 222 7615

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

FILED
05 JUL -6 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SMG/LMI, 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.

701 Market Street, Suite 400

(Mailing address)

Philadelphia, PA 19106

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.

John E. B.
(Signature of member or authorized representative of a member)

JOHN F. BUZNS
(Typed or printed name of signee)

Filing Fee: \$25.00