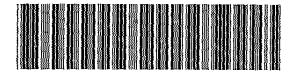
m010000002466

| (R | equestor | 's Name) | · |
|-------------------------|---------------|----------------|-------------|
| (A | ddress) | | |
| (A | ddress) | | |
| | : JOS - 1 | 7:- (D) | |
| (C | ity/State/. | Zip/Phone #) | |
| PICK-UP | | WAIT | MAIL |
| (B | usiness f | intity Name) | |
| <u>(D)</u> | ocument | Number) | |
| · | | · | |
| Certified Copies | _ c | ertificates of | Status |
| Special Instructions to | Filing Of | ficer: | |
| | | | |
| | | | |
| | | | |
| Name | | • | |
| A railability | | | |
| Cocument | | | |
| Examiner | DCC Office | Use Only | |
| Updater | ೯೧೮ | | |
| Undater | | | |
| verityer | DOC | | |
| Acknowledgement | DCC | | |
| W P Verifyer | OCC | | |



300022349683

08/19/03--01048--002 **25.00

03 SEP 17 AH 10: 01

according to our monds

TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations | | |
|--|---|--|
| SUBJECT:AGE OATH, LLC | | |
| | corporation) | Žili¥i ge |
| DOCUMENT NUMBER: M0100000246 | 86 | - . |
| The enclosed withdrawal application and fee a | are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | \$ | |
| BRIAN KOPELOWITZ, ESQ. | | |
| (Name of Person) | - · · · · · · · · · · · · · · · · · · · | VIO |
| GELCH TAYLOR HODKIN, ET AL. | 33 S | 335 |
| (Firm/Company) | | 38 23 23 24 24 24 24 24 24 24 24 24 24 24 24 24 |
| 350 E. LAS OLAS BLVD., SUITE 1440 | | |
| (Address) | <u> </u> | 708 S1 |
| FT. LAUDERDALE, FL 33301 | 00 | ATIO |
| (City/State and Zip code) | - . | 35 |
| For further information concerning this matter, p | please call: | |
| BRIAN KOPELOWITZ, ESQ. | at (954) 525-4100 | |
| (Name of Person) | (Area Code & Daytime Telephone Number | 7) |
| STREET ADDRESS: Amendment Section Division of Corporations 409 E. Gaines St. | MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 | |
| Tallahassee, FL, 32399 | Tallahassee, FL, 32314 | |



August 25, 2003

BRIAN KOPELOWITZ, ESQ. GELCH TAYLOR HODKIN, ET AL 350 E. LAS OLAS BLVD., SUITE 1440 FT LAUDERDALE, FL 33301

SUBJECT: AGE OATH, LLC Ref. Number: M01000002466

We have received your document for AGE OATH, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to our records this is a Michigan Corporation. Please double check your records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Letter Number: 703A00047851

Diane Cushing Document Specialist (Rovised)

AGE OATH, LLC

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

| (Name of limited liability company) | <u></u> |
|---|--|
| DIEVADA MICHIGAN | |
| (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. | |
| 1460 TOWN CENTER DRIVE, SUITE 390 /560 5 9 8 3 | 19 |
| (Mailing address) | ≍ ฑ |
| LAS VEGAS, NV 89144 KALA MAZOU M) 490009 | |
| (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) | Committee C . |
| (dignature difficulties of authorized representative of a member) | |
| (Typed or printed name of signee) | |

Filing Fee: \$25.00