

M01000002562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

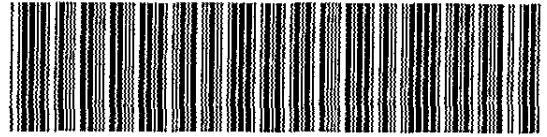
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

2/24 With

m01-2562

Office Use Only



800012788548

MJH

02/24/03--01097--010 \*\*105.00

FILED  
03 FEB 24 AM 9:23

**HODGES & CARLE, P. A.**

ATTORNEYS AT LAW

38410 NORTH AVENUE

POST OFFICE BOX 548

ZEPHYRHILLS, FLORIDA 33539-0548

STEPHEN D. CARLE  
BOARD CERTIFIED  
WILLS, TRUSTS & ESTATES LAWYER

RAYMOND H. HODGES  
(1915-1999)

TELEPHONE 782-7196  
FAX 782-1026  
AREA CODE 813

February 19, 2003

Division of Corporations  
Department of State  
P.O. Box 6327  
Tallahassee, FL 32301-6327

In re: Application for Certificate of Withdrawal as To MICROREMEDIES,  
L.L.C. and for Corporation of MICROREMEDIES, INC.

Gentlemen:


Enclosed is an Application for Certificate of Withdrawal as to Microremedies, L.L.C. Please process this application first. Please note that the Application for Certificate of Withdrawal includes an irrevocable surrender of authority to transact business in the State of Florida. The company is thereby intending to release the use of the name so that the Florida Corporation with the same name will be able to use the name. The limited liability company agrees that it will not subsequently apply for a certificate of authority with the Department of State for authority to transact business in Florida.

Once the Certificate of Withdrawal has been granted, we would appreciate your proceeding to process the Articles of Incorporation of Microremedies, Inc.

Our trust check in the amount of \$105.00 to cover all of the above services is enclosed.

If you need anything further, please advise.

Very truly yours,



STEPHEN D. CARLE

SDC:hb

Enclosures

APPLICATION FOR CERTIFICATE OF WITHDRAWAL

1. MICROREMEDIIES, L.L.C., an Illinois Limited Liability Company, hereby applies for a Certificate of Withdrawal of its authority to transact business in the State of Florida.

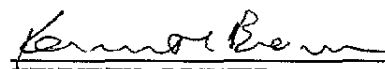
2. The Company is not transacting business in the State of Florida and it hereby irrevocably surrenders its authority to transact business in the State of Florida. At no time in the future will the company apply for a Certificate of Authority to transact business in the State of Florida.

3. The Company hereby 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 the State of Florida.

4. A mailing address to which the Department of State may mail a copy of any process served on it under paragraph 3 above is:

38919 11th Avenue  
Zephyrhills, Florida 33542

5. The company, and its sole member, signing below, hereby commit to notify the Department of State in the future of any change in its mailing address.

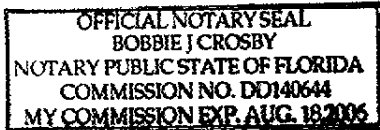
  
KENNETH BREWER  
Sole member of MICROREMEDIIES,  
L.L.C., an Illinois Limited  
Liability Company

03 FEB 24 AM 9:28  
FILED

STATE OF FLORIDA )

COUNTY OF PASCO )

The foregoing instrument was acknowledged before me this  
20th day of FEBRUARY, 2003, by KENNETH BREWER,  
[ ] who is personally known to me, OR  
[  ] who has produced A FL DRIVER LICENSE as identification.



Bobbie J. Crosby  
Signature of Notary Public

BOBBIE J. CROSBY  
Typed/Printed Name of Notary Public  
NOTARY PUBLIC

Serial Number (if any) \_\_\_\_\_

My commission expires: \_\_\_\_\_