

Mo1000002629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

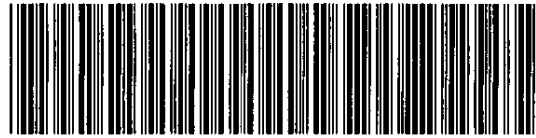
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100129926071

05/21/08--01014--013 **35.00

J. BRYAN MAY 29 2008

J. BRYAN

JUN 11 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: R.A. SWARTZ Transport Company
(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:

ROBERT A. SWARTZ / President
(Name of Person)

R.A. Swartz Transport Co.
(Firm/Company)

P.O. Box 364
(Address)

Beaufort, GA. 31004
(City/State and Zip Code)

For further information concerning this matter, please call:

Bob Swartz at (478) 994 3969
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 29, 2008

ROBERT A. SWARTZ
R.A. SWARTZ TRANSPORT CO.
P.O. BOX 364
BOLINGBROKE, GA 31004

SUBJECT: R.A. SWARTZ TRANSPORT COMPANY, LLC
Ref. Number: M01000002629

We have received your document for R.A. SWARTZ TRANSPORT COMPANY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 408A00033642

June 4, 2008

FLORIDA Department of State
Division of Corporations
Registration Section

ATTN: Joey Bryan,

Recently I have mailed out a withdraw form
BASED on INFORMATION given to me by one of your
ASSOCIATES. According to your letter dated 5-29-08, that
was the wrong form. AS OF OUR CONVERSATION TODAY
6-4-08, I am sending out the correct one. Also I
have sent a check for 35.00 ~~xx~~, # 2794 for the
withdrawal fee, which you stated was incorrect too.
I would appreciate it, if you would send me the
balance of that check to my mailing address as
indicated on cover letter. Thanks for all your help.

Sincerely
Robert A. Juntz

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

R.A. SWARTZ Translat Company
(Name of limited liability company)

MACON, GEORGIA. 31210
(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.

P.O. Box 364
(Mailing address)

BolingBroke, GA. 31004
(City/State/Zip)

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

Robert A. Swartz
(Signature of member or authorized representative of a member)

ROBERT A. SWARTZ
(Typed or printed name of signee)

Filing Fee: \$25.00