## M02000000/25

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
•
PICK-UP WAIT MAIL
(Business Entity Name)
(Dasinoss Eliaty Name)
(December Member)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
1
12/13 Withdrawas
1 Mn2-125

Office Use Only



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## ALISTIN FARMS, LLC 2000 Todds Point Road Simpsonville, KY 40067

December 9, 2002

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re: Application for Withdrawal

Dear Madam or Sir:

Our company is no longer transacting business in Florida. Therefore, enclosed are the following items:

- 1. Application by Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida
- 2. Check for \$25.00 for the required Filing Fee

Please send a letter of acknowledgment to me at the above address.

Thank you very much.

Sincerely

Paul M. Baker Managing Member

PB/wm

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

ALISTIN FARMS LLC	
(Name of limited flability company)	
KENTUCKY	·
(Jurisdiction of its organization)	
This limited liability company is no longer transacting business in Florida and sauthority to transact business in this state.	surrenders its
This limited liability company revokes the authority of its registered agent to accept behalf and appoints the Department of State as its agent for service of process base of action arising during the time it was authorized to transact business in Florida.	service on its ed on a cause
2000 Todds Point ROAD (Mailing address)	<del></del>
SIMPSONVILLE KY 40067	
The limited liability company agrees to notify the Department of State in the future of its mailing address. $\equiv$	of any change
(Signature of member or authorized representative of a member)	
TAUL M. BAKER, MGRM. (Typed or printed name of signee)	<u>5.</u> o
Typed or printed name of signee)	02 DEC
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Filing Fee: \$25.00