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D. BRUCE

MAY 0 2 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: INSPIRED LIFE Development (Name of Foreign Limited Liability Company)	, LLC
Dear Sir or Madam:	
The enclosed withdrawal and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Scott A DENNISON (Name of Person) Trspines Cife Development (Firm/Company) 4700 Milleria Blud - 175 (Address)	08 MAY - I PM 2: LI SECHEDANC OF STATE TALLAHASSEE, FLORIDA
ORLANDO, F1. 32939 (City/State and Zip Code)	·
For further information concerning this matter, please call: $ \frac{S_{LO} H A D_{EV} \sim (S_{OV})}{(N_{A} \text{ (Area Code & Daytime })} = \frac{321}{(A_{C} \text{ (Area Code })} = $	7-577/ Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING AD Registration Se Division of Cor P.O. Box 6327 Tallahassee, Florida 72301	ction rporations
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Cert	Filing Fee, tificate of Status & tified Copy

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

INSPIRED LIFE Development, LLC (Name of limited liability company)	
(Name of limited liability company)	
Delaware (Jurisdiction of its organization)	
(Jurisdiction of its organization)	
This limited liability company is no longer transacting business in Florida and surrenders authority to transact business in this state.	its
This limited liability company revokes the authority of its registered agent to accept service its behalf and appoints the Department of State as its agent for service of process based or cause of action arising during the time it was authorized to transact business in Florida.	on n a
4700 Milleria Blud - 175 (Mailing address)	
ORLANDO, F1. 32839 (City/State/Zip)	
The limited liability company agrees to notify the Department of State in the future of a change in its mailing address.	any
Suff a 2, Mer/menser (Signature of member or authorized representative of a member)	
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(Typed or printed name of signee) ASS OF THE STATE OF TH	1
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Filing Fee: \$25.00