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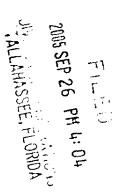
(Darward & Nasa)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Goodrich North Oc (Name of F	ean, LLC oreign Limited Liability Company)
Dear Sir or Madam;	
The enclosed withdrawal and fee(s) are submi	tted for filing.
Please return all correspondence concerning the	ais matter to the following:
Nolly Corley (Name of Person)	
Hines & Corley, LLC (Firm/Company)	
55 Hayden Avenue, Suit	te 3200
Lexington MA 02421 (City/State and Zip Co	ode)
For further information concerning this matter,	please call:
Nolly Corley	<sub>at (</sub> 781 <sub>)</sub> 274-7101
(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	t <del>:</del>
\$25 Filing Fee \$30 Filing Fee & Certificate of Status	S55 Filing Fee & S60 Filing Fee, Certified Copy Certificate of Status & Certified Copy

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

Goodrich North Ocean, LLC
(Name of limited liability company)
Delaware
(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.
c/o Hines & Corley, LLC (Mailing address)
55 Hayden Avenue, Suite 3200 Lexington MA 02421 (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)
Nolly Corley
(Typed or printed name of signee)

Filing Fee: \$25.00