

MO20000001120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

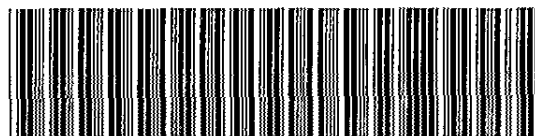
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

| | |
|--------------------|-----|
| Name | |
| Availability | |
| Document | |
| Examiner | DCC |
| Reviewer | DCC |
| Verifier | DCC |
| Adm. no. ledgement | DCC |
| P. Verifier | DCC |

Office Use Only



700025825607

12/31/03--01021--012 **30.00

Filed see attached.

NANCY FALLON-HOULE, P.C.

ATTORNEY AT LAW
5449 BENDING OAKS PLACE
DOWNERS GROVE, ILLINOIS 60515-4456

nfallon@nfhlaw.com
www.nfhlaw.com

TELEPHONE: 630-963-0439

FACSIMILE: 630-963-0489

December 18, 2002

Via Federal Express 3-Day

Registration Section, Diane Cushing
Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: Pro Performance Management, LLC (Maryland LLC); Doc.# M0200001120

Dear Diane Cushing:

Enclosed under \$608.511, for the purpose of withdrawing the above Foreign LLC from doing business in Florida, on or about December 30th, 2003, are the following items:

1. An Application By Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida,
2. The Florida Transmittal Letter, and
3. A check in the amount of \$30 (\$25 for the filing fee, \$5 for the "Certificate of Status" fee.)

Please process the withdrawal within the next week, but in any event, no later than December 30, 2003. After the filing has been completed, please send us a dated Certificate of Status, reflecting the withdrawal of the LLC. You have indicated in our phone conversation that the Florida registered agent, Michael P. Sapourn, will be automatically withdrawn when the LLC is withdrawn.

If you need anything else from us in order to effect the withdrawal of the LLC or the registered agent, or have any questions, please let us know by email or phone at the contact information above, leaving a detailed message. Kindly acknowledge receipt of this filing by stamping the enclosed receipt copy of this letter and returning it to me in the envelope provided.

Very truly yours,


Nancy Fallon-Houle

NFH/mg/Enclosures

cc: Michael P. Sapourn
Rusty Fleming
Richard Lombardi

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JAN 6 9 31 AM '03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pro Performance Management LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: M02000001120

The enclosed Application By Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nancy Fallon-Houle
(Name of Person)

Nancy Fallon-Houle, P.C.
(Name of Firm/Company)

5449 Bending Oaks Place
(Address)

Downers Grove, IL 60515
(City/State and Zip Code)

For further information concerning this matter, please call:

Nancy Fallon-Houle at (630) 963-0439 nfallon@nfhlaw.com
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

03 DEC 26 AM 9:31

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

Pro Performance Management, LLC

(Name of limited liability company)

Maryland

(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.

100 Rialto Place, Suite 615

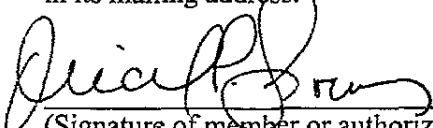
(Mailing address)

Melbourne, Florida 32901

(City/State/Zip)

FILED
SECRETARY OF STATE
03 DEC 26 AM 9:31

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)

Michael P. Sapourn, Managing Member of Sapourn Financial
Services, LLC, Its Managing Member

(Typed or printed name of signee)