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COVER LETTER

TO:	Registration Section Division of Corporations	*		
	Woodplay of Orla	ndo II C	The same of the same same	
SUBJ		Name of Foreign Limited Liability		
	`	, 13 - 0.		
Dear S	Sir or Madam:			
The en	nclosed withdrawal and fee(s)	are submitted for filing.		
Please	return all correspondence cor	ncerning this matter to the following	g:	
Beth	r F. Atkins		g and the second	
	(Name of	Person)		
برمانا	and Stallings From 9	Huteon D A		
пом	ard, Stallings, From &		er ser in y	
	(· m. co.	spany)		
<u>P.O.</u>	. Box 975			
	(Address)			
New	Bern, NC 28563			
		e and Zip Code)		
For fu	orther information concerning	this matter, please call:		
Beth	n F. Atkins	at (252	633-3006	
	(Name of Person)	(Area Code &	Daytime Telephone Number)	
	STREET/COURIER AD	- · · · · · · ·	LING ADDRESS:	
	Registration Section		Registration Section Division of Corporations	
	Division of Corporations Clifton Building		Box 6327	
	2661 Executive Center Cir Tallahassee, Florida 32301	cle Tallal	hassee, Florida 32314	
Enclo	sed is a check for the follow	ing amount:		
[Z] \$2	5 Filing Fee \$30 Filing	g Fee & S55 Filing Fee &	\$60 Filing Fee,	
		e of Status Certified Copy	Certificate of Status & Certified Copy	

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

Woodplay of Orlando, LLC
(Name of limited liability company)
North Carolina
(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.
11459 Beach Blvd. (Mailing address)
Jacksonville, FL 32246 (City/State/Zip)
(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)
(Signature of member or authorized representative of a member)
Total Colly do (robidont for morno), I dinny maddines, mor
(Typed or printed name of signee)
ORP. 0

Filing Fee: \$25.00