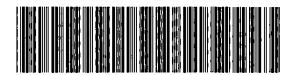
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Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DUL OLIMO D PARTIELS, LLC (Name of Foreign Limited Liability Company)
Dear Sir or Madam:
The enclosed withdrawal and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARK W. BAUER (Name of Person)
PFM COMMERCIAL, TKC, (Firm/Company)
1970 NACOGDOCHES, STE. ZOI
SAN ANTONIO, TX. 78209 (City/State and Zip Code)
For further information concerning this matter, please call:
MAUK W- BAUFR at 2/0 821-568 X-27 (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:
\$25 Filing Fee Certificate of Status Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy

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

DDL OCLANDO PARTNERS, LCC		
(Name of limited liability company)		
<u>DECAWACE</u>		
(Jurisdiction of its organization)	<u> </u>	
This limited liability company is no longer transacting business in Florida and surrence authority to transact business in this state.	ders its	
This limited liability company revokes the authority of its registered agent to accept ser its behalf and appoints the Department of State as its agent for service of process base cause of action arising during the time it was authorized to transact business in Florida.	vice on ed on a	
1920 NACOG DO CHES SPE. 201 (Mailing address)		
SAN ANTONTO, TEXAS 78209 (City/State/Zip)		
The limited liability company agrees to notify the Department of State in the future change in its mailing address.	of any	
Mgl refer	07 AUG	
(Signature of member or authorized representative of a member)		=
MARK W BAUEL MANAGER		E
(Typed or printed name of signee)	AIS 1:-1	
-	詞 十.	

Filing Fee: \$25.00