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| (Requestor's Name) | |
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| PICK-UP WAIT | MAIL |
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| Certified Copies Certificates | of Status |
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| Special Instructions to Filing Officer: | |
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COVER LETTER

| TO: Registration Section Division of Corporatio | ns | | | |
|--|------------------------|---|---|----------|
| SUBJECT: MANT | actures | HOME | SERVICES | دد |
| | (Name of Foreign | Limited Liability C | ompany) | |
| Dear Sir or Madam: | | | | |
| The enclosed withdrawal and fe | e(s) are submitted for | filing. | | |
| Please return all correspondence | concerning this matt | er to the following: | | |
| ERIC PIC | CHETT e of Person) | <u></u> | | |
| MHS LLC | (Company) | | | |
| 3109 GRAMS (Add | | | | |
| MEANT E (City | State and Zip Code) | <u> </u> | | |
| For further information concern Ence Lease (Name of Perso | | | 753-691) Daytime Telephone Number) | <u> </u> |
| 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 | owing amount: | | | |
| | | 55 Filing Fee & ertified Copy | \$60 Filing Fee, Certificate of Status & Certified Copy | |

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

| MANUF ACCURED | | SERVICES | |
|--|--------------------------|---------------------------|----------------|
| (Nam | e of limited liability c | ompany) | |
| OREGON | | | |
| (Jur | isdiction of its organia | zation) | |
| This limited liability company is no lauthority to transact business in this sta | onger transactin te. | g business in Florida and | surrenders its |
| | | | |

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.

| 3109 6 | | | | フフ |
|--------|----|-----------------|-----|----|
| | (1 | Mailing addres | ss) | |
| MIANT | | | | 3 |
| | , | (City/State/Zip | 1) | |

The limited liability company agrees to notify the Department of State in the future of any change in its maxing address.

(Signature of member or authorized representative of a member)

ERE TECHETT

(Typed or printed name of signee)

09 MAY -1 PH 3: 32

Filing Fee: \$25.00