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SECRETARY OF STATE
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COVER LETTER

TO:

TO:	Registration Section Division of Corporations	,	
SUBJE	CT: Dewars Lake Developm		Commont
	(Name of Fo	reign Limited Liability	Company)
Dear Si	r or Madam:		·
The enc	losed withdrawal and fee(s) are submitt	ed for filing.	
Please r	eturn all correspondence concerning thi	s matter to the followin	g:
Jaco	uelyn S. Quinn		
	(Name of Person)		- .
Lama	ar Companies		
	(Firm/Company)		<u>-</u>
	• • • • •	••	•
365	South Street		
	(Address)		.
N /	- :-4 Nove Jones 0706	•••	•
IVIOIT	istown, New Jersey 0796 (City/State and Zip Co		_
	(Only) Date and Esp Oo	uc)	•
For furt	her information concerning this matter,	please call:	
_			005 0000 4 047
Jacq	uelyn S. Quinn	at (973	285-0660 ext 317
	(Name of Person)	(Area Code o	& Daytime Telephone Number)
	STREET/COURIER ADDRESS:	MAT	LING ADDRESS:
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
Clifton Building		P.O. Box 6327	
	2661 Executive Center Circle Tallahassee, Florida 32301	Talla	hassee, Florida 32314
W alasa			
LUCIOS	ed is a check for the following amount	Lē	
√ \$25]	Filing Fee \$\frac{1}{2}\$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	Sent Filing Fee, Certificate of Status & Certified Copy

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

Dewars Lake Development, LLC
(Name of limited liability company)
Colorado
(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 ts 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.
365 South Street (Mailing address)
Morristown, New Jersey 07960 (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) Jacquelyn S. Quinn- Secretary/Treasurer Typed or printed name of signee)
TOF ST DEE, FLO

Filing Fee: \$25.00