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| (Red                      | questor's Name)   |           |  |  |
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| (Address)                 |                   |           |  |  |
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| (Address)                 |                   |           |  |  |
|                           |                   |           |  |  |
| (City                     | y/State/Zip/Phone | e #)      |  |  |
| PICK-UP                   | WAIT              | MAIL      |  |  |
| (Bus                      | siness Entity Nan | ne)       |  |  |
| (Doc                      | cument Number)    |           |  |  |
| Certified Copies          | _ Certificates    | of Status |  |  |
| Special Instructions to F | Filing Officer:   |           |  |  |
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SECRETARY OF STATE
TAIL AHASSEE FLORIDA

T. CLINE
MAY - 7 2008
EXAMINER

MOD 3144

## **COVER LETTER**

| TO: Registration Division of                             | n Section •••  f Corporations            |                                  |                                                                                              |           |                       |         |
|----------------------------------------------------------|------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------|-----------|-----------------------|---------|
| SUBJECT: Budo                                            | lemeyer Enterprises,                     | L.L.C.                           |                                                                                              |           |                       |         |
| SUBJECT:                                                 |                                          | oreign Limited Liability         | Company)                                                                                     |           |                       |         |
| Dear Sir or Madam:                                       |                                          |                                  |                                                                                              |           |                       |         |
| The enclosed withdo                                      | rawal and fee(s) are submitt             | ed for filing.                   |                                                                                              |           |                       |         |
|                                                          | respondence concerning thi               | _                                | g:                                                                                           |           |                       |         |
| Maureen M. N                                             | /liller                                  |                                  |                                                                                              |           |                       |         |
|                                                          | (Name of Person)                         |                                  | -                                                                                            |           |                       |         |
| Miller Law Gro                                           | up                                       |                                  |                                                                                              |           |                       |         |
|                                                          | (Firm/Company)                           |                                  | _                                                                                            |           |                       |         |
| 17295 Cheste                                             | rfield Airport Road,                     | Suite 200                        | _                                                                                            | SECR      | 2008 M                | и       |
|                                                          | (Address)                                |                                  |                                                                                              | ETA       | AY -                  | es<br>E |
| Chesterfield, M                                          | MO 63005                                 |                                  |                                                                                              | RY C      | Ď                     | 1       |
|                                                          | (City/State and Zip Co                   | de)                              | -                                                                                            | F STA     | 2000 MAY -6 AM II: 16 |         |
| For further informat                                     | ion concerning this matter,              | please call:                     |                                                                                              | AEV<br>TE | 91                    |         |
| Maureen M. M                                             | liller                                   | at ( 636                         | 530-3627                                                                                     |           |                       |         |
| (N                                                       | ame of Person)                           | (Area Code &                     | 2 Daytime Telephone Number)                                                                  |           |                       |         |
| Registration<br>Division of<br>Clifton Bui<br>2661 Execu | Corporations                             | Regis<br>Divisi<br>P.O. I        | LING ADDRESS:<br>tration Section<br>ion of Corporations<br>Box 6327<br>nassee, Florida 32314 |           |                       |         |
| Enclosed is a check                                      | for the following amount                 | :                                |                                                                                              |           |                       |         |
| \$25 Filing Fee                                          | ✓\$30 Filing Fee & Certificate of Status | \$55 Filing Fee & Certified Copy | \$60 Filing Fee, Certificate of Status &                                                     |           |                       |         |

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

| (Name of limited liability company)                                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Missouri                                                                                                                                                                                                                                                                                    |
| (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. |
| 4909 Laclede Ave., #2202 (Mailing address)                                                                                                                                                                                                                                                  |
| St. Louis, MO 63108                                                                                                                                                                                                                                                                         |
| (City/State/Zip)  The limited liability company agrees to notify the Department of State in the further of any                                                                                                                                                                              |
| 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)                                                                                                                                                                                                                              |
| Maureen M. Miller Authorized Representative                                                                                                                                                                                                                                                 |
| (Typed or printed name of signee)                                                                                                                                                                                                                                                           |

Filing Fee: \$25.00