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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				
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January 30, 2008

PATRICK NELSON N9232 WINDY WAY MUKWONAGO, WI 53149

SUBJECT: NELSON/AMBERLY LLC

Ref. Number: M02000003300

We have received your document for NELSON/AMBERLY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 408A00006286



COVER LETTER

	tration Section ion of Corporations			
SUBJECT: _	Nelson/Amberly LLC (Name of Limited	d Liability Company)	**************************************	_
	<u></u>			
The enclosed	Articles of Dissolution and fee(s) are submitted	ed for filing.		
Please return :	all correspondence concerning this matter to the	he following:		
	Patrick Nels	on		
	(Name	e of Person)		
	Nelson Developm	int Corporation		•
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	19932 Windy W	ddrase)		器器
	N9232 Windy W (A MUKWOnago, W (City/State	I 53149		OB FEB 25 M IO: 31 SECRETARY OF STATE SECRETARY OF STATE
	(City/State	e and Zip Code)		FIG. 3
For further in	formation concerning this matter, please call:			STATE STATE
	Patrick Nelson (Name of Person)	at (<u>262</u>) <u>642</u> (Area Code & Daytime	e Telephone Number)	_
Enclosed is a cl	eck for the following amount:			
\$25.00 Filing	Fee 30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is en	
	MAILING ADDRESS: Registration Section	STREET/COU Registration Sec	RIER ADDRESS:	:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Nelson Ambuly LL (Name of limited liability company)
Name of limited liability company)
State of Wisconsin (Jurisdiction of its organization)
(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.
N9232 Windy Way & & & & & & & & & & & & & & & & & & &
Mukurnoge, WT 53/49 (City/State/Zip) The limited liability company agrees to notify the Department of State in the future of the company agrees.
The limited liability company agrees to notify the Department of State in the future of change in its mailing address.
John Miller
(Signature of member or authorized representative of a member)
(Typed or printed name of signee)
(-) -

Filing Fee: \$25.00