## M0300000735

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	<u>-</u> )
(Document Number)		
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
•		
	1	

Office Use Only



300185056413

09/07/10--01059--030 \*\*60.00



S. HAWKES SEP 2 3 2010

**EXAMINER** 

S. HAWKES

SEP RE 2010

EXAMINER





September 8, 2010

CRAIG CLOSSEN PO BOX 2148 GOLDEN ROD, FL 32733

SUBJECT: GOLF FOR LIFE, LLC Ref. Number: M03000000735

We have received your document for GOLF FOR LIFE, LLC and your check(s) totaling \$60.00. 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) 245-6955.

Letter Number: 910A00021355

Suzanne Hawkes Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

FO: Registration Section - Division of Corporations	
SUBJECT: Golf For Life LLC (Name of Limited Liability Company)	
(Name of Limited Liability Company)	
The enclosed Articles of Dissolution and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
CRAIS Closser  (Name of Person)  CHARCH BOOKKeeping Semilice  (Firm/Company)	
(Name of Person)	
Current Books 4 11 Bookkeeping Semilia	3
(Firm/Company)	
Poi30x 2148 (Address)	
Golden Rod Fl 32733 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
O O	
Canic Clossen at 407 312-9434  (Name of Person) (Area Code & Daytime Telephone Number)	
(Name of Feison) (Nica Code & Dayanic Telephone Number)	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  \$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)	
MAILING ADDRESS: STREET/COURIER ADDRESS:	
Registration Section Registration Section	
Division of Corporations Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

Golf Fou hite UC
(Name of limited liability company)
Nevada
(Jurisdiction of its organization)
40 3000000 735
(Florida Document Number)
This limited liability company is no longer transacting business in Florida and surrenders 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.
Poi> 2/48 (Mailing address)
(Mailing address)
Golden and Fl 32733 E 28 2
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
di di
(Signature of member or authorized representative of a member)
Chara Ologge
(Typed or printed name of signee)

Filing Fee: \$25.00