

ML30000008A

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

(Document Number)

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11 MAR - 7 PM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Florida Division of Corporations  
New Filing Section/Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

March 03, 2011

Florida Division of Corporations,

Please find enclosed an application to withdraw Certificate of Authority and fees for Option Card, LLC. They have hired us to assist them with this process.

If you have any questions or require further information, I can also be reached at [drobbins@cornerstonesupport.com](mailto:drobbins@cornerstonesupport.com).

Please send all correspondence to:

Cornerstone Support, Inc.  
Denise Robbins  
11111 Houze Rd., Suite 200  
Roswell, GA 30076

Thank you

Sincerely,

Denise Robbins  
Renewal Specialist  
Cornerstone Support, Inc.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Option Card, LLC  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Denise Robbins  
(Name of Person)

Cornerstone Support, Inc.  
(Firm/Company)

11111 Houze Rd., Ste. 200  
(Address)

Roswell, GA 30076  
(City/State and Zip Code)

For further information concerning this matter, please call:

Denise Robbins at ( 770 ) 587-4595  
(Name of Person) (Area Code & Daytime Telephone Number)

**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 amount:

- ☐ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☒ \$60 Filing Fee, Certificate of Status & Certified Copy

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

**Option Card, LLC**

(Name of limited liability company)

**Colorado**

(Jurisdiction of its organization)

**M03000000869**

(Florida Document Number)

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.

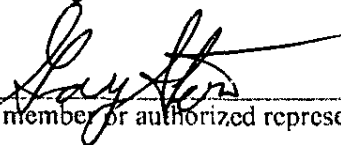
**210 Sylvan Ave.**

(Mailing address)

**Englewood, NJ 07632**

(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)

**Gary Stern, Manager**

(Typed or printed name of signee)

**Filing Fee: \$25.00**

**FILED**  
**11 MAR -7 PM 10:07**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**