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## **COVER LETTER**

		•	P. W.	
TO:	Reg	istratio	on Sectio	n
	Divi	ision o	f Corpor	ations
SUBJ	ECT:	Dixo	n Hug	hes l

SUBJECT: Dixo	n Hughes PLLC		
	(Name of Fo	oreign Limited Liability (	Company)
Dear Sir or Madam:			
The enclosed withdr	awal and fee(s) are submit	ted for filing.	
Please return all cor	respondence concerning th	is matter to the following	:
Mary Frazier			
	(Name of Person)		
Dixon Hughes	s Goodman LLP		
	(Firm/Company)		
1831 Eastche	ester Drive		
	(Address)		
High Point, N			
	(City/State and Zip Co	ode)	
For further informat	ion concerning this matter,	please call:	
Mary Frazier			822-4306
(N	ame of Person)	(Area Code &	Daytime Telephone Number)
STREET/O	COURIER ADDRESS:	MAILING ADDRESS: Registration Section	
Division of	Corporations	Division of Corporations	
Clifton Bui 2661 Execu	lding itive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314	
	, Florida 32301		<b>,</b>
Enclosed is a check	for the following amoun	<b>t:</b>	
\$25 Filing Fee	■ \$30 Filing Fee &	🗖 \$55 Filing Fee &	■ \$60 Filing Fee,

Certificate of Status

Certified Copy

Certificate of Status & Certified Copy

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

WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA
Dixon Hughes PLLC (Name of limited liability company)  North Carolina (Jurisdiction of its organization)
Dixon Hughes PLLC (Name of limited liability company)
(Name of immed habitity company)
North Carolina
(Jurisdiction of its organization)
M0300001712
(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.
1831 Eastchester Drive
(Mailing address)
High Point, NC 27265
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
aller femi
(Signature of member or authorized representative of a member)
JEFFEREY C. LEWIS
Typed or printed name of signee)

Filing Fee: \$25.00