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## **COVER LETTER**

Division of Corporations
SUBJECT: Miracourt, 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:
Carol Ann Bowman
(Name of Person)
White Lodging Services Corporation, Manager
(Firm/Company)
1000 East 80th Place, Suite 700 North
(Address)
Merrillville, Indiana 46410
(City/State and Zip Code)
For forther information, and are in a this manner allows will
For further information concerning this matter, please call:
Carol Ann Bowman at ( 219 ) 757-3511
(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 Certificate of Status Certified Copy \$55 Filing Fee Certified Copy Certified Copy

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

Miracourt. LLC
(Name of limited liability company)
Indiana
(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.
1000 East 80th Place, Suite 700 North
(Mailing address)
Merrillville. Indiana 46410
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
M.Su.
(Signature of member or authorized representative of a member) White Lodging Services Corporation, Manager Carol Ann Bowman. Assistant Secretary
(Typed or printed name of signee)

Filing Fee: \$25.00

FILED

09 OCT 19 AM 8: 38

SECRETARY OF STATE
TALLAHASSEE FLORIDA