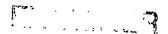
(Requestor's Name)	5001617		
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Mirares, LLC	Foreign Limited Liability Company)	
(Name of	Total Elimica Elability Company)	
Dear Sir or Madam:		
The enclosed withdrawal and fee(s) are subm	aitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Carol Ann Bowman		
(Name of Person)	.	
White Lodging Services Corpora	tion, Manager	
(Firm/Company)		
1000 East 80th Place, Suite 700	0 North	
(Address)		
Merrillville, Indiana 46410		
(City/State and Zip	Code)	
For further information concerning this matte	er, 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	Registration Section Registration Section	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following amou	nt:	
\$25 Filing Fee \$\sum \text{Certificate of Statu}\$	\$55 Filing Fee & \$60 Filing Fee, Certified Copy Certificate of Status & Certified Copy	

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

Mirares, 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.
Myse
(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