## M03000002388

(Re	questor's Name)	•		
(Address)				
(Address)				
,	,			
(0)	y/State/Zip/Phone	. 40		
(Cit	y/State/Zip/Prione	: #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Do	cument Number)			
<b>\</b>	<b>,</b>			
Cartified Coming	Cartificatos	of Status		
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			

Office Use Only



600253640476

11/12/13--01024--003 \*\*25.00

2013 NOV 12 PM 1: 21
SECRETARY OF STATE OPION

NOV 13 2013

## **COVER LETTER**

TO: Registration Division of	Section Corporations			
SUBJECT:	65 Spn, Ass (Name of For	Finepla	ce NOAD 11	<u> </u>
	/ (Name of For	eign Limited Liability (	Company)	
Dear Sir or Madam:				
The enclosed withdra	awal and fee(s) are submitted	d for filing.		
	espondence concerning this		:	
	(Name of Person)	nan		
165 5	(Firm/Company)	e / LACE AI)	ر ا د	
21 50	(Address)	- կ		2813 1313
	(Address)			<u> </u>
FAS HAW	(City/State and Zip Cod	11937		MOV I 2 PM 4 REDARY OF ST ASSOSED FUR
	(City/State and Zip Cod	c)		
For further informati	on concerning this matter, p	lease call:		2013 NOV 12 PM 4: 21 SECRETARY OF STATE TALL ASSESSED FLORIDA
1.6.5	ame of Person)	631	, 324 - 82	
(N	ame of Person)	(Area Code &	Daytime Telephone Number	r)
Registration Division of Clifton Buil 2661 Execu	Corporations	Regist Divisio P.O. B	ration Section on of Corporations tox 6327 assee, Florida 32314	
Enclosed is a check	for the following amount:			
\$25 Filing Fee	\$30 Filing Fee &	□ \$55 Filing Fee &	S60 Filing Fee,	ρ.

Certified Copy

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

(Name of limited liability company)
(Name of limited liability company)
New York (Jurisdiction of its organization)
(Jurisdiction of its organization)
FL- M0300002388
(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.
21 Shwines PATh (Mailing address)
(Mailing address)
EAST HAM prom. N.Y. /1937
(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)
(Signature of member or authorized representative of a member)    Nobart Cooper   Typed or printed name of signee)
(Typed or printed name of signee)
(Typed or printed name of signee)

Filing Fee: \$25.00

型型 2