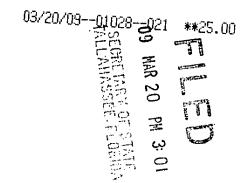
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(Requestor's Name)				
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PICK-UP WAIT MAIL				
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(Business Entity Name)				
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M03/28/2

S. HAWKES

MAR 2 3 2009

EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corporations	•	
SUBJE		···	
	(Name of Fo	preign Limited Liability C	Company)
Dear Si	r or Madam:		
The end	closed withdrawal and fee(s) are submitt	ted for filing.	
Please 1	return all correspondence concerning thi	is matter to the following	:
David	d C. Sullivan		
	(Name of Person)		
	(Firm/Company)		
235 (	Cloister Green Lane		
	(Address)		
Mem	ohis, NT 38120		
	(City/State and Zip Co	de)	
For furt	her information concerning this matter,	please call:	
David	I C. Sullivan	at (901)	767-6593
	(Name of Person)	(Area Code &	Daytime Telephone Number)
	STREET/COURIER ADDRESS:		ING ADDRESS:
Registration Section		Registration Section	
Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327	
	2661 Executive Center Circle Tallahassee, Florida 32301		ussee, Florida 32314
Enclose	ed is a check for the following amount	:	
<b>₹</b> ]\$25 1	Filing Fee \$\ \tag{S30 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

SHS PARTNERS, LLC
(Name of limited liability company)
TENNESSEE
(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 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.
235 Cloister Green Lane (Mailing address)
Memphis TN 38120 (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)
David C. Sullivan
(Typed or printed name of signee)

Filing Fee: \$25.00