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COVER LETTER

	gistration S vision of C	ection orporations		
SUBJECT:	INNFC	CUS LLC		
		(Name of For	eign Limited Liabili	ity Company)
Dear Sir or I	Madam:			
The enclosed	d withdraw	al and fee(s) are submitte	ed for filing.	
Please return	n all corres	pondence concerning this	matter to the follow	ving:
DIANE F.	PINCH	UK		
		(Name of Person)		
INNFOC	US, INC			
		(Firm/Company)		
12415 S\	W 136 A	VENUE, UNIT 3		
		(Address)		
MIAMI, F	LORIDA	A 33186		
		(City/State and Zip Cod	e)	
For further in	nformation	concerning this matter, p	olease call:	
DIANE F	. PINCH	IUK	at (305	378-2651 X325
	(Nam	e of Person)		e & 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 fo	r the following amount:		
☑ \$25 Filing	g Fee	□ \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	& 3 \$60 Filing Fee, Certificate of Status & Certified Copy

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

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