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J. BRYAN

MAR 2 4 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SUPPORT SERVICE	ES JINTER INATIONAL, LLC. imited Liability Company)
(Name of Foreign Li	mited Liability Company)
Dear Sir or Madam:	
The enclosed withdrawal and fee(s) are submitted for fi	lling.
Please return all correspondence concerning this matter	to the following:
MANK FIGHTOZZI (Name of Person)	<u></u>
Sapport Services Inter. (Firm/Company)	
98 Pleasant View 10 (Address)	OB MAR 21 PM 1: 24
Pleasant Valley New You (City/State and Zip Code)	OB HAR 21 PM 1: 24
For further information concerning this matter, please ca	
MARK FIGLIOZZI a (Name of Person)	at (9/4) 489-0689
(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:	
	5 Filing Fee & S60 Filing Fee, rtified Copy Certificate of Status & Certified Copy

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

Support Services International, LLC. (Name of limited liability company)		
(Name of limited liability company)		_
New York (Jurisdiction of its organization)		
(Jurisdiction of its organization)		
This limited liability company is no longer transacting business in Florida and surren authority to transact business in this state.	iders	its
This limited liability company revokes the authority of its registered agent to accept see its behalf and appoints the Department of State as its agent for service of process bas cause of action arising during the time it was authorized to transact business in Florida.	rvice ed or	on n a
(Mailing address)		
Palm CITY FL 34990 (City/State/Zip)		
The limited liability company agrees to notify the Department of State in the future change in its mailing address. (Signature of member or authorized representative of a member)	ofa	ıny
(Signature of member or authorized representative of a member)	_	0
MARL FIGLIOZZZ (Typed or printed name of signee)	08 MAR 2 I	SECRETAR IVISION OF C
	PH I	Y OF ST ORPOR

Filing Fee: \$25.00