

Mo3000003472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

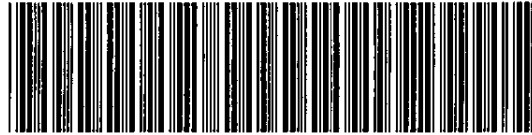
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SLAB LP LEASE, L.L.C.  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert M. Johnson  
(Name of Person)

9225 Lake Hefner Parkway  
(Firm/Company)  
East Wharf, Suite 102  
(Address)

Oklahoma City, OK 73120  
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert M. Johnson at 405) 831-7440  
(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:

- ☒ \$25 Filing Fee      ☐ \$30 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

SLAB LP LEASE, L.L.C.

(Name of limited liability company)

Oklahoma

(Jurisdiction of its organization)

MO3000003472

(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.

1223 North Rock Road

Building A, Suite 200

(Mailing address)

Wichita, KS 67206

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.

Clout Buford

(Signature of member or authorized representative of a member)

C. Robert Buford, Manager

(Typed or printed name of signee)

Filing Fee: \$25.00

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