11103000003748

(Req	uestor's Name)	<u> </u>
(Add	ress)	
(Address)		
(City)	/State/Zip/Phon	e#) .
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Na	me)
(Doc	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		
		1
		*

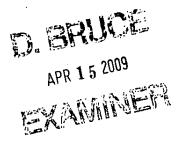
Office Use Only



000149599850

04/14/09--01032--009 **25.00

O9 APR 14 PH 12: 34
SECRETARY OF STATE



COVER LETTER

TO: Régistration Section Division of Corporations				
SUBJECT: Gull Leasing, LLC (Name of Fore	ign Limited Liability	Company)		
Dear Sir or Madam:				
The enclosed withdrawal and fee(s) are submitted	for filing.			
Please return all correspondence concerning this r	matter to the followin	g:		
Brigette Harms				
(Name of Person)		-		
Advocate Consulting Legal Group, F	PLLC			
(Firm/Company)			Z S	. 0
3073 Horseshoe Drive South, Suite	e 210	_	ECRET	09 APR 14
(Address)			ARY	<u>_</u>
Naples, FL 34104			E OF	PH
(City/State and Zip Code)		STAT	့က္သ ယ
For further information concerning this matter, ple	ease call:	7	. Ömia	; .
Brigette Harms	at (239	213-0066		
(Name of Person)	(Area Code &	2 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 \$\ 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

Gull Leasing, LLC			
(Name of limited liability company)			
Delaware			
(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 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.			
130 Sweetgrass Trail (Mailing address)			
(Manning address)			
Saint Augustine, FL 32092			
(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)			
Gary M. McCumber			
(Typed or printed name of signee)			

Filing Fee: \$25.00