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Office Use Only



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11 MAR -2 AM # 39
SECRETARY OF STATE
ALLAHASSEE, FIORINA

D. BRUCE

MAR 3 2011

EXAMINER

COVER LETTER

TO: Registration Division of C	Section Corporations	•	1		
SUBJECT: Tro	nwood Service (Name of For	ces & Cons	in thing LLC		
	(Name of For	eign Limited Liability (Company))		
Dear Sir or Madam:					
The enclosed withdray	wal and fee(s) are submitte	ed for filing.			
Please return all corre	spondence concerning this	matter to the following	: : :		
John	(Name of Person)		:	•	
Ironwo	(Firm/Company)	* Consulting	L2C		
<u>4318</u>	PASA DEWA (Address)	47		11 MAR -2 SECKETARY ALLAHASSE	
<i>St</i>	ARHSOTA F (City/State and Zip Cod	=/ 3%23_e)	3	AN BO 30	LED
For further information	n concerning this matter, p	lease call:		`A	
John PF (Nan	t 6 A ~ ne of Person)	at (<u>94/</u>) (Area Code &	925 357 Daytime Telephone Num	/ <u>/</u> (ber)	
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	or the following amount:				
\$25 Filing Fee	■ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	■ \$60 Filing Fee, Certificate of State Certified Copy	us &	

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

Tronwood Services + Consulting LLC (Name of limited liability company)
(Name of limited liability company)
Nev Ap A (Jurisdiction of its organization)
(Jurisdiction of its organization)
mo 300000 4019
(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.
(Mailing address)
SHRASOTA F1 34233 (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 althorized representative of a member)
(Signature of member or althorized representative of a member)
THE PARTY OF THE P
To a superior of the superior
(Typed or printed name of signee)

Filing Fee: \$25.00