M0300004310

(Requestor's Name)		
~		
(Address)		
(Address)		
(Addiess)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
·		
On the state of Oak		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
·		
·		

Office Use Only



400159765394

08/24/09--01010--002 **25.00

FILED

09 AUG 24 PH 12: 38

SECRETARY OF STATE
TALLAHASSEF, FISHE

D. BRUCE

AUG 25 2009

EXAMINER

COVER LETTER

TO

Registration Section Division of Corporations

SUBJECT: Kallal Condo, LLC			
(Name of Fo	reign Limited Liability Company)		
Dear Sir or Madam:			
The enclosed withdrawal and fee(s) are submitt	ed for filing.		
Please return all correspondence concerning thi	s matter to the following:		
Joseph E. Shade			
(Name of Person)			
Kallal Condo, LLC			
(Firm/Company)			
1527 Commonwealth Dr.		SECA	09 A
(Address)		HAS	UG 2
Blacklick, Ohio 43004		RY OF	09 AUG 24 PH 12: 38
(City/State and Zip Co	de)	F ST/	: H
For further information concerning this matter,	please call:	RIDA	38
Joseph E. Shade	at (614) 863-0163		
(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 Enclosed is a check for the following amount	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
\$25 Filing Fee \$30 Filing Fee & Certificate of Status	S55 Filing Fee & S60 Filing Fee, Certified Copy Certificate of Status & Certified Copy		

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

Kallal Condo, LLC
(Name of limited liability company)
Ohio
(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.
1527 Commonwealth Dr.
(Mailing address)
Blacklick, Ohio 43004
(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)
Joanne K. Shade
(Typed or printed name of signee)
T'S P

Filing Fee: \$25.00

 $\theta = 1/\sqrt{2} \frac{1}{4} e^{-\frac{1}{4} \frac{1}{4}}$