# M0400000008

(Re	equestor's Name)	
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Special Instructions to Filing Officer:		
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### TRANSMITTAL LETTER

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For further inform	nation concerning this matter, pleas	se call:	75
	(City/State and Zip Code)		OS MAR 16 AM R: 23 TALLANIA SEE, TIARDA Number)
OCA	NW 83rd CT. RO (Address) CA, FL. 34487	<u></u>	· = 0.0
	(Address)		
7395	NW 83rd CT. RO		
	(Firm/Company)		
	(Name of Person)		
PRI	SCILLA BANKS	·	
Please return all	correspondence concerning this ma	tter to the following:	
The enclosed Art	icles of Dissolution and fee(s) are s	submitted for filing.	
	(, tame c		
SUBJECT:	WILD WEST IMPOR	of Limited Liability Company)	100
,	HUN MEST IMPAG	TS II.C.	
	of Corporations		

#### STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 7, 2005

PRISCILLA BANKS 7395 NW 83RD CT RD OCALA, FL 34481

SUBJECT: WILD WEST IMPORTS L.L.C.

Ref. Number: M04000000098

We have received your document for WILD WEST IMPORTS L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is to dissolve a Florida limited liability company. Please complete the enclosed form to withdraw a foreign limited liability company.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call Letter Number: 105A00015536 (850) 245-6025.

Trevor Brumbley **Document Specialist** 

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

WILD WEST IMPORTS L.L.C. (Name of limited liability company)
(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.
7395 NW 83 CT. RD. (Mailing address)
OCALA, FL 34482 (City/State/Zip)
(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)
PRISCIUA BANKS (Typed or printed name of signee)
(Typed or printed name of signee)
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Filing Fee: \$25.00