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## **COVER LETTER**

то:	Registration Section Division of Corporations			•
SUBJI	ECT: Ashley Capital, LLC (Name of Fo	reign Limited Liability	Company)	
Dear S	ir or Madam:			
The en	closed withdrawal and fee(s) are submitt	ed for filing.		
Please	return all correspondence concerning thi	s matter to the following	g:	
Wer	ndy Mooers		· -	O VIV
	(Name of Person)			DINISION OF CUR. PH 4: 19
Ashl	ey Holdings I, LLC		_	24 1
	(Firm/Company)			3
				-
981	0 S. Dorchester Ave.		_	•
	(Address)			
Chic	ago, IL 60628			
	(City/State and Zip Co	de)	-	
For fur	ther information concerning this matter,	please call:		
Wer	ndy Mooers	<sub>at (</sub> 773	, 221-1234	
	(Name of Person)		Daytime Telephone Number)	<del></del>
	STREET/COURIER ADDRESS:		LING ADDRESS:	
	Registration Section Division of Corporations	Registration Section Division of Corporations		
	Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314		
Enclos	ed is a check for the following amount	:		
	<u></u>		□ #<0 P''' - P	
L[\$25	Filing Fee \$\square\$\$30 Filing Fee &\square\$Certificate of Status	✓ \$55 Filing Fee & Certified Copy	S60 Filing Fee, Certificate of Status &	

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

Ashley Holdings I, LLC
(Name of limited liability company)
Michigan (Jurisdiction of its organization)
(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.
9810 S. Dorchester Ave. (Mailing address)
Chicago, IL 60628 (City/State/Zip)
The limited hability 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)
(Typed or printed name of signee)  OF APR 24 PM 4: 19

Filing Fee: \$25.00