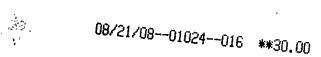
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(Red	questor's Name)	
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SECRETARY OF STATE
MILAHASSEE FLORING

M. THOMAS

AUG 2 2 2008

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Robuts 4 (Name of For	Charled Counties, LLC reign Limited Liability Company)	
Dear Sir or Madam:		
The enclosed withdrawal and fee(s) are submitte	ed for filing.	
Please return all correspondence concerning this	s matter to the following:	
Sau Massio (Name of Person)		
(Firm/Company)  2000 GOUH OLLAN DU  (Address)  Sout Lawly dale, F  (City/State and Zip Code	L 33316	OB AUG 21 AM 9: 31 SECRETARY OF STATE FALLAHASSEE, FLORIDA
For further information concerning this matter, p  When the second secon	olease call:  at (Area Code & 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 \$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

Resouts & Chanted Counses, LLO
(Name of limited liability company)
New York State
(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.
ON SOUTH OLLAN DUILE #509 FOR SEE 21
Fort Condendale, 42 333/6 = E
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
_ Gaujo Malsio
(Signature of member or authorized representative of a member)
Sallie Massie
(Typed or printed name of signee)

Filing Fee: \$25.00