## 11040000000000000005

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	·
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300149072883

04/09/09--01040--001 \*\*700.00

GAPR-9 PH 1:07
SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN EXAMINER

## **COVER LETTER**

TO: Registration Division of C						
SUBJECT: Ame	(Name of For	dential Eg	Smities XXX	<u>,,</u> ,	برر.	
Dear Sir or Madam:						
The enclosed withdra	wal and fee(s) are submitte	ed for filing.				
Please return all corre	spondence concerning this	matter to the following	:			
Lisette	(Name of Person)			SECRET FALLAHA	09 APR	£1 0-41
American	(Firm/Company)	al Eguiti	۷ >	SECRETARY OF STATE FALLAHASSEE, FLORIDA	-9 PM I: (	C. C
2411 0	(Address)	ر ∨و			38	
Venic	City/State and Zip Coo	(o g d /				
For further information	on concerning this matter,	please call:				
<u>Lisette</u>	me of Person)	at ( <b>786</b> (Area Code &	866-4973 Daytime Tclephone Number)	<del></del>		
Registration Division of Clifton Buil 2661 Execu	Corporations	Regist Divisi P.O. B	ING ADDRESS: ration Section on of Corporations Sox 6327 assee, Florida 32314			
Enclosed is a check	for the following amount	:				
\$25 Filing Fee	\$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status &			

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

(Name of limited liability company)
Dela ware (Jurisdiction of its organization)
(sursaiction 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.
848 Brickell Ave. Penthouse (Mailing address)
Miani, FL 33131 (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)  Telephone or authorized representative of a member)  (Typed or printed name of signee)
(Typed or printed name of signee)
, vi 1 V
Ä.s.

Filing Fee: \$25.00