## M040QQQ00841

2005 MAY †9 P 12: 50 SECRETARY OF STATE (Requestors Name) (Address) 600053815086 (Address) (City/State/Zip/Phone #) PICK-UP ] WAIT MAIL 05/09/05--01032--006 \*\*25.00 (Business Entity Name) (Document Number) Certified Copies \_\_\_ Certificates of Status\_ Special Instructions to Filing Officer:

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## MICHAEL C. BERRY & ASSOCIATES, P.A. Attorneys and Counselors at Law 1106 N. Fort Harrison Avenue, Suite 1 Clearwater, FL 33755

FILED

Telephone: 727/447-0533 Facsimile: 727/446-3033 2005 MAY - 9 P. 12: 50 E-mail:mcberry@berrylaw.com Web: wSECRETOLAMOPOSTATE TALLAHASSEE, FLORIDA

May 6, 2005

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

To whom it may concern:

Enclosed please find the form entitled APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA. Please direct any correspondence concerning this filing to the above address.

Also enclosed is a filing fee of \$25.00.

Respectfully,

Michael C. Berry

Attachments: Form

CC: Client

Nevada Counsel

w/501

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

2005 MAY -9 P 12: 50

SECRETARY OF STATE TALLAHASSEE, FLORIDA

TALLAHASSEE, F
S. M. B. Holdings, L. L. C. (Name of limited liability company)
(Name of limited liability company)
NEUAρΑ (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.
MichAEL C. BERRY & ASSOC. , P.A.
Michael C. BERRY & ASSOC., P.A.  1106 N. FORT HARRISON  (Mailing address)
(Mailing address)
Clearwater FLORIDA 33755 (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)
Michael C. BERRY SR. ATTORNEY (Typed or printed name of signee)
(Typed or printed name of signee)

Filing Fee: \$25.00