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T. CLINE

MAY - 4 2009

EXAMINER

Moy-all

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: HalV Yachts LLC				
(Name of Fo	reign Limited Liability	Company)		
Dear Sir or Madam:				
The enclosed withdrawal and fee(s) are submitted	ed for filing.			
Please return all correspondence concerning this	s matter to the following	g:		
Robert B Halvorsen				
(Name of Person)				
HalV Yachts LLC		_	2009 MAY - 1 PM 12: 48 SECRETARY OF STATE TALLAHASSEE. FLORIDA	- 71
(Firm/Company)			至	
2033 Main Street Suite 406	,	_	TARY OF STATE	TIT
(Address)			FLO IZ:	۶,,,
Sarasota, FL 34237			RIFE 18	
(City/State and Zip Co	de))	
For further information concerning this matter,	please call:			
Robert B Halvorsen	_{at (} 941	9511960		
(Name of Person)	(Area Code &	& Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regis Divis P.O. 1	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, 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 & Certified Copy	:	

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

HalV Yachts LLC
(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.
2033 Main Street Suite 406
(Mailing address) Seconds El 24227
Sarasota, FL 34237
(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)
Robert R Halvorsen

Filing Fee: \$25.00

(Typed or printed name of signee)