## MO4110001119

| (Re                     | equestor's Name)   | <u> </u>    |  |
|-------------------------|--------------------|-------------|--|
| (Ac                     | idress)            |             |  |
| (Ad                     | idress)            |             |  |
| (Cit                    | ty/State/Zip/Phone | e #)        |  |
| PICK-UP                 | ☐ WAIT             | MAIL        |  |
| (Bu                     | siness Entity Nar  | ne)         |  |
| (50                     | Emily Har          | 110)        |  |
| (Document Number)       |                    |             |  |
| Certified Copies        | _ Certificates     | s of Status |  |
| Special Instructions to | Filing Officer:    |             |  |
|                         |                    |             |  |
|                         |                    |             |  |
| !                       |                    | ŀ           |  |
|                         |                    |             |  |
|                         |                    |             |  |
|                         |                    |             |  |
|                         |                    |             |  |

Office Use Only



000093728480

03/27/07--01012--024 \*\*25.00

07 MAR 27 AM II: 37 SECRETARY OF STATE

## **COVER LETTER**

Registration Section

| Division of   | Corporations                            |                                       |  |                       |
|---|---|---------------------------------------|--|-----------------------|
| SUBJECT: Tran   | sville LLC                              |                                       |  |                       |
| SUBJECT.  |   | reign Limited Liability               | Company)   |                       |
|   |   |                                       |  |                       |
| Dear Sir or Madam:                                      |   |                                       |  |                       |
| The enclosed withdr                                     | awal and fee(s) are submitte            | ed for filing.                        |  |                       |
| Please return all corn                                  | respondence concerning this             | s matter to the following             | g:   |                       |
|   |   |                                       |  |                       |
| Elizabeth R   |   |                                       | _  |                       |
|   | (Name of Person)                        |                                       |  |                       |
| <b></b>   | ^                                       |                                       |  |                       |
| Transville LL   | (Firm/Company)                          |                                       | _  |                       |
|   | (t miz company)                         |                                       |  |                       |
| PO Box 482  | 70                                      |                                       |  | O7<br>SE              |
| PO BOX 402  | (Address)                               |                                       | <del>-</del>   | CRE AH                |
|   | ( 10.000)                               |                                       |  | R2                    |
| Seattle WA  |   |                                       | _  | MAC 7                 |
|   | (City/State and Zip Coo                 | ie)                                   |  |                       |
| For further informat                                    | ion concerning this matter,             | nlease call:                          |  | AM II: 3:<br>OF STATE |
| 101 Idianoi matorima                                    | ion concerning and matter,              | , , , , , , , , , , , , , , , , , , , |  | 5.7 7                 |
| Elizabeth R   |   | at (_206                              | <u>, 244-9725 x12</u>  |                       |
| (N  | ame of Person)                          | (Area Code &                          | t Daytime Telephone Number)  | •                     |
| Registratio<br>Division of<br>Clifton Bui<br>2661 Exect | Corporations                            | Regis<br>Divis<br>P.O. 1              | LING ADDRESS:<br>tration Section<br>ion of Corporations<br>Box 6327<br>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      | S60 Filing Fee,<br>Certificate of Status &<br>Certified Copy                                 | ι                     |

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

. 3

| Transville LLC  |
|---|
| (Name of limited liability company)   |
| Kentucky  |
| (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. |
| PO Box 48279 (Mailing address)  |
| Seattle WA 98148 (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)  |
| Elizabeth R Remeto (Typed or printed name of signee)  O7 MAR 27  SECRETARY TALLAHASSS   |

Filing Fee: \$25.00