

MO4000001177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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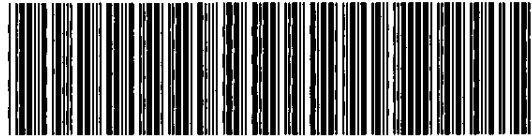
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JAN - 5. 2011

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ISLAND NATIONAL GROUP LLC  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DOUGLAS I GREENBERG, DIRECTOR OF COMPLIANCE  
(Name of Person)

ISLAND NATIONAL GROUP LLC  
(Firm/Company)

575 UNDERHILL BLVD, SUITE 224-B  
(Address)

SYOSSET, NY 11791  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

DOUGLAS I GREENBERG at ( 516 ) 714-1332  
(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

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|---|---|--|

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

ISLAND NATIONAL GROUP LLC

(Name of limited liability company)

NEW YORK

(Jurisdiction of its organization)

M04000001177

(Florida Document Number)

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.

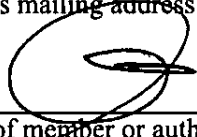
575 UNDERHILL BLVD, SUITE 224-B

(Mailing address)

SYOSSET, NY 11791

(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)

SCOTT MATTE, PRESIDENT / MANAGER

(Typed or printed name of signee)

**Filing Fee: \$25.00**

2012 JAN -3 PM 3:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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