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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

	Registration Section Division of Corporations			
SUBJEC				_
	(Name of Foreig	gn Limited Liability	Company)	
Dear Sir	or Madam:			
The encl	osed withdrawal and fee(s) are submitted t	for filing.		
	·	-		
Please le	turn all correspondence concerning this m	atter to the followin	g:	
DONA	ALD C. BAKER / MEMBER / P	RESIDENT		
	(Name of Person)	T.E.O.O.E.T.	_	
EARN	EST DAVIS PLASTERING, LL	С		\$ 9
	(Firm/Company)	<u>-</u>	-	EC
				35
PO BO	OX 11676			AHASSEE.
	(Address)		-	Ţ
POCK	HILL, SC 29731			
NOCK	(City/State and Zip Code)		-	
	(213,12121 2112 21,7 2220,		THE WAY TO STATE	
For further	er information concerning this matter, plea	se call:	• • •	
	, ,			
SHAW	'N OSULLIVAN / ACCT. MGR	at (803	980-1901 EXT. 223	_
	(Name of Person)	(Area Code &	Daytime Telephone Number)	
	CTDEET/COUDIED ADDRESS.	MAII	INC ADDRESS.	
STREET/COURIER ADDRESS: Registration Section		MAILING ADDRESS: Registration Section		
Division of Corporations Division of Corpora				
	Clifton Building P.O. Box 6327			
	2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301			
Enclosed	is a check for the following amount:			
√ \$25 Fil		\$55 Filing Fee &	\$60 Filing Fee,	
	Certificate of Status	Certified Copy	Certificate of Status & Certified Copy	

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

EARNEST DAVIS PLASTERING, LLC
(Name of limited liability company)
SOUTH CAROLINA LLC / FLORIDA FOREIGN LLC / JACKSONVILLE, FLORIDA - OFFICE
(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 11676
PO BOX 11676 (Mailing address)
ROCK HILL, SC 29731
(City/State/Zip)
(City/State/Zip) The limited liability company agrees to notify the Department of State in the future of State in

(Signature of member or authorized representative of a member)

DONALD C. BAKER / MEMBER / PRESIDENT / OWNER

(Typed or printed name of signee)

Filing Fee: \$25.00