M0400001348

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
•	

Office Use Only



700162578607

17.000 1625 766 QZ5.00

2009 NOV 10 PM &: 26
SECRETARY OF STATE
SECRETARY OF STATE
ALLAHASSEE. FLORIDI

C. LEWIS NOV 1 22009 EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Fox Lawson + Associates LCC (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:	
James (. For (Name of Person)	
Fox Lausen + Associate (Firm/Company)	
1335 County Road D Circle East	
ST. Paul Mr 57109 (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Person) at (651) 635 0976 X12 (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:	
\$25 Filing Fee \$\ S55 Filing Fee & S55 Filing Fee & S60 Filing Fee, Certificate of Status & Certified Copy Certified Copy	

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

Fox Lawsm + Associate	LLC
(Name of limited liability comp	ány)
Minnesuta (Jurisdiction of its organization	M04000001348
(Jurisdiction of its organization	n)
This limited liability company is no longer transacting bauthority to transact business in this state.	ousiness in Florida and surrenders its
This limited liability company revokes the authority of its its behalf and appoints the Department of State as its ag cause of action arising during the time it was authorized to	registered agent to accept service on ent for service of process based on a transact business in Florida.
(Mailingladdress)	OD Circle Cart
ST. Paul, MW STI (City/State/Zip)	05
The limited liability company agrees to notify the Depa change in its mailing address.	artment of State in the future of any
Jl4	
(Signature of member or authorized representative of a men	nber)
James C. Fox	- 700 TA'S
(Typed or printed name of signee)	FILED 2009 NOV 10 PH 2 27 SECRETARY OF STATE TALLAHASSEE, FLORIC

Filing Fee: \$25.00