M04000001516

(Re	equestor's Name)	<u></u>
(Ad	idress)	
(Ac	ddress)	<u> </u>
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bi	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	f Status
Special Instructions to	Filing Officer:	
		4/2/
	Office Use Only	Tius
	Office Ose Offiy	•



000032458830

04/16/04--01024--001 **25.00

SKIPPERLINER FINANCIAL, LLC

March 9, 2004

Registration Section Division of Corporations 409 E. Gaines St. Tallahassee FL 32399 OLAPR 16 PH 2: 12

To Whom It May Concern:

Rinda M. Nelson

Enclosed please find a completed Application by Foreign LLC for Withdrawal of Authority and a check in the amount of \$25.00 for the filing fee. Please process this at your earliest convenience and send the letter of acknowledgement to my attention at the address listed below.

Thank you.

Sincerely,

Linda M. Nelson

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

SkipperLiner Financial, LLC
(Name of limited liability company)
State of Wisconsin
(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 the 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.
621 Park Plaza Drive (Mailing address)
La Crosse WI 54601-4443
(City/State/Zip)
The limited hability 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)
Noel C. Jordan, Managing Member (Typed or printed name of signee)

Filing Fee: \$25.00