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ECRETARY OF STATE
AHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HOCK'S Nest Vacation Rentals, LI (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:
Savava Hock (Name of Person)
Hock's Nest Vacation Rentals, LLC (Firm/Company)
4085 US Highway 1 #104
Rockledge, FL 32955 (Chy/State and Zip Code)
For further information concerning this matter, please call:
Sandra Holl at (32) 693-4165 (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:
\$25 Filing Fee \$\ \times \text{S30 Filing Fee & Certified Copy} \\ \text{Certificate of Status} \text{Certified Copy} \\

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

Hock's Nest Jacaton Rentals, LLC (Name of limited liability company)
Colorado
Downert No. Mo400001679 FEI No. 841582629
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.
P.O. 8560869 (Mailing address)
Rockledge, FL 32956 (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)
Sandra HOCK PES 3
(Typed or printed name of signee) FILED AHASSEE, FL
AMIO: 52 OF STATE FLORIDA

Filing Fee: \$25.00