MO4 00001985

(Requestor's N	ame)
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(Address)	
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(City/State/Zip/	Phone #)
PICK-UP WA	T MAIL
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EXAMINER

COVER LETTER

TO: Registration Division of	Section Corporations			
SUBJECT: Ciuda	ad Perdida, LLC			
	(Name of For	eign Limited Liability	Company)	
Dear Sir or Madam:				
The enclosed withdra	awal and fee(s) are submitte	ed for filing.		
Please return all corr	espondence concerning this	matter to the following	ng:	
Dorie Kelly				
	(Name of Person)		_	
c/o Platinum Ed	nuity 11 C			2010 HAY I I AM 10 5 SECRETARY OF STATE TALLAHASSEE, FLORIT
O'O' Flatina Le	(Firm/Company)	. .	_	語夏
				TASS!
360 N. Crescer	nt Dr., S. Bldg.			
	(Address)		-	FLORI
Beverly Hills, C	A 90210			8 S
	(City/State and Zip Cod	(e)	_	ř
For further informati	on concerning this matter, p	olease call:		
Dorie Kelly		at (310	, 292-9277	
(Na	ame of Person)		& Daytime Telephone Number)	
Registration Division of Clifton Buil 2661 Execu	Corporations	Regi Divi P.O.	Stration Section sion of Corporations Box 6327 shassee, Florida 32314	
Enclosed is a check	for the following amount:			
☑ \$25 Filing Fee	S30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy	

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

(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
M0400001985
(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 or cause of action arising during the time it was authorized to transact business in Florida.
(Mailing address)
Beverly Hills, CA 90210
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address. T. J. L. C. (Signature of member or authorized representative of a member) Eva M. Kalawski, Secretary (Typed or printed name of signee)

Filing Fee: \$25.00