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(Re	equestor's Name)	
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COVER LETTER

Division of Corporations		
SUBJECT: Heartland Publications, (Name of For	LLC reign Limited Liability Company)	
Dear Sir or Madam:		
The enclosed withdrawal and fee(s) are submitte	ed for filing.	
Please return all correspondence concerning this	matter to the following:	
Michael C. Bush		OF MAY 15 PM 1: 3" SECULLARIASSEE, FLORIDA TAILLARIASSEE, FLORIDA
(Name of Person)		EC Z
Heartland Publications, LLC		A PH
(Firm/Company)		ETOPE STA
20 Research Parkway, Suite	G	Dr.
(Address)		
Old Saybrook CT 06475 (City/State and Zip Code	le)	
For further information concerning this matter, p	please call:	
John Eggers, CFO	at (860) 388-3470	
(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 & Certificate of Status}\$	S55 Filing Fee & S60 Filing Fee, Certified Copy Certificate of Status & Certified Copy	

5/1

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

Heartland Publications, LLC
(Name of limited liability company)
Delaware , u s A
(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.
20 Research Parkway, Suite G
Old Saybrook CT 06475
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
Ml (.M
(Signature of member or authorized representative of a member)
Michael C. Bush
(Typed or printed name of signee)

Filing Fee: \$25.00