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J. BRYAN MAY 1 2 2006

COVER LETTER

Division of Corporations
SUBJECT: INTERNATIONAL DELIVERY SOLUTIONS, LLC (Name of Foreign Limited Liability Company)
(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:
STEVEN C. SWEET (Name of Person)
INTERNATIONAL DELIVERY SOLUTIONS, LLC (Firm/Company)
P. o. Box 370945 (Address)
(Address)
MILWAUKEE, WF 53237-2045 (City/State and Zin Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
STEVEN C- SWEET at (414) 217-4200 (Name of Person) (Area Code & Daytime Telephone Number)
(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 \$\bigcup \\$30 Filing Fee & \bigcup \\$55 Filing Fee & \bigcup \\$60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

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

INTERNATIONAL DELIVERY SOLUTIONS, LLC (Name of limited liability company)		_
STATE OF WISCONSIN USA (Jurisdiction of its organization)		_
This limited liability company is no longer transacting business in Florida and surrence authority to transact business in this state.	lers it:	S
This limited liability company revokes the authority of its registered agent to accept servits behalf and appoints the Department of State as its agent for service of process base cause of action arising during the time it was authorized to transact business in Florida.	ice or d on a	n a
P.o. Box 370945 (Mailing address)		
MILWAUKEE, WI \$3237-2045 (City/State/Zip)		
The limited liability company agrees to notify the Department of State in the future change in its mailing address. Week Fo (Signature of member or authorized representative of a member)	of any	<i>(</i>
(Signature of member or authorized representative of a member) STEVEN (SWEET, CF 0 (Typed or printed name of signee)	06 MAY -3 PM 2: 58	SECRETARY OF STATE

Filing Fee: \$25.00