M0400003058

(Re	questor's Name)	
(Ad	dress)	
(Āda	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



200199467872

03/28/11--01016--015 **25.00

11 MAR 28 AM 10: 43

N. Cuffigan MAR 2 9 2011

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT:
Dear Sir or Madam:
The enclosed withdrawal and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Amber Morrell (Name of Person)
Jablano, LLC (Firm/Company)
10 7A Johnson Road (Address)
Lathan, Ny 12110 (City/State and Zip Code)
For further information concerning this matter, please call: James (Name of Person) At (5/8) (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

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

Jablamo, LLC	
(Name of limited liability company)	•
(Jurisdiction of its organization)	-
M 0 4 0 0 0 0 0 3 0 5 8 (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 or 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.	o
7A Johnson Road (Mailing address)	SECRETARY VISION OF O
Lathan, New York 12110	OFFICE ATIO
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.	, 3
(Signature of member or authorized representative of a member)	
Amber Morrell	
(Typed or printed name of signee)	

Filing Fee: \$25.00