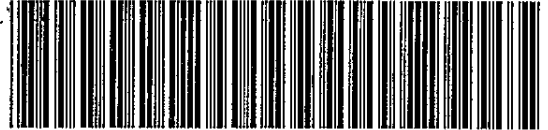


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SECRET STATE  
FLORIDA



900043521199

12/27/04--01053--014 \*\*60.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SCOTT M. MANN\*

COLIN N. GOTHAM\*

STEPHANIE R. TUCKER\*

W. BRETT CHAPIN\*

TIMOTHY J. MUIR

BARBIERI & ASSOCIATES, L.C.\*

OF COUNSEL

\*ALSO ADMITTED IN MISSOURI

December 22, 2004

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Encore Restoration, LLC

To Whom This May Concern:

Please find enclosed the Application by Foreign Limited Liability Company for Withdraw of Authority to Transact Business in Florida. I have submitted a check for \$60 for the filing fee, certified copy, and Certificate of Status. I have enclosed a self-addressed stamped envelope for the return of these items.

Thank you for your assistance in this matter. Please contact me if I can provide any additional information.

Sincerely yours,

EVANS & MULLINIX, P.A.

By:

  
Colin N. Gotham

CNG/ap  
Enclosure

**FILED**

2009 DEC 27 P 1:27  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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

Encore Restoration, LLC

(Name of limited liability company)

Kansas

(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.

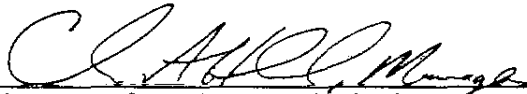
16341 Kranker Drive

(Mailing address)

Stilwell, Kansas 66085

(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)

Chris Hendrickson

(Typed or printed name of signee)

Filing Fee: \$25.00