M04000003644

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SECRETARY OF STATE

C. LEWIS

DEC 1 9 2011

EXAMINER

COVER LETTER

TO: Registration Division of			
SUBJECT:	nosland County L (Name of For	ine LLC eign Limited Liability C	Company)
Dear Sir or Madam:			
The enclosed withdr	awal and fee(s) are submitte	ed for filing.	
Please return all corr	espondence concerning this	matter to the following:	;
<u>Katie</u>	Hardman (Name of Person)		
Croslar	(Firm/Company)		
59vo	Fairview Road	, Svite 200	
Charl	OHC, NC 2821 (City/State and Zip Cod	(e)	
For further informati	on concerning this matter, p	olease call:	
Kathe Ha	rdman une of Person)	at (<u>704</u>) (Area Code &	Sul - 5263 Daytime Telephone Number)
Registration Division of Clifton Buil 2661 Execu	Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
	for the following amount:		
\$25 Filing Fee	■ \$30 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

Costand County Line, LLC (Name of limited liability company)
North Carolina (Jurisdiction of its organization)
M04000003644
(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 on a cause of action arising during the time it was authorized to transact business in Florida.
5940 Fairview Road, Svite 200 (Mailing address)
Charlotte, NC 28210 (City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
By: Crosland Manager, LLC, its Manager
(Signature of member or authorized representative of a member)
(Signature of member or authorized representative of a member) Cathleen Hardman, Vice Resident (Typed or printed name of signee)
YOF STATE FLORI

Filing Fee: \$25.00