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(Requestor's Name)
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(Address)
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6. 6. 7. 5.
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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T. HAMPTON

JAN - 5 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Lear I, LLC	
(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 matt	er to the following:
Christopher C. Maeso	
(Name of Person)	-
Dickinson Wright PLLC	
(Firm/Company)	
38525 Woodward Avenue, Suite 2	000
Bloomfield Hills, Michigan 48304 (City/State and Zip Code)	
For further information concerning this matter, please	e call:
Christopher C. Maeso	at (248) 433-7501
(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:	
	\$55 Filing Fee & S60 Filing Fee, Certified Copy Certificate of Status & Certified Copy

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

Lear I, LLC
. (Name of limited liability company)
Nevada
(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.
Seligman and Associates, One Towne Square, Suite 1913
(Mailing address)
Southfield, MI 48076
(City/State/Zip)
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)
Scott J. Seliaman
(Typed or printed name of signee)

Filing Fee: \$25.00