

MO400005058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT

APR 28 2009

EXAMINER

Office Use Only



500152677485

04/27/09--01013--016 **25.00

FILED
2009 APR 27 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



38525 WOODWARD AVE., SUITE 2000
BLOOMFIELD HILLS, MI 48304-5092
TELEPHONE: (248) 433-7200
FACSIMILE: (248) 433-7274
<http://www.dickinsonwright.com>

CHRISTOPHER C. MAESO
Cmaeso@dickinsonwright.com
(248) 433-7501

April 24, 2009

Via First Class Mail

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

Re: Lear II, LLC

Dear Sir/Madam:

Enclosed for filing please find an Application by Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida for Lear II, LLC.

Also enclosed, please find the required filing fee in the amount of \$25. Please file the original and return a filed copy to the attention of the undersigned. A pre-addressed, stamped envelope is enclosed for your convenience. Thank you for your cooperation in this matter.

Very truly yours,

Christopher C. Maeso

CCM/bp
Enclosure

BLOOMFIELD 47835-10 985013v1

C o u n s e l o r s A t L a w

DETROIT NASHVILLE WASHINGTON, D.C. TORONTO PHOENIX
BLOOMFIELD HILLS ANN ARBOR LANSING GRAND RAPIDS

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

Lear II, LLC

(Name of limited liability company)

Nevada

(Jurisdiction of its organization)

2009 APR 27 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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.

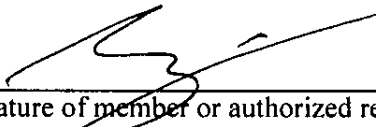
Seligman and Associates, One Towne Square, Suite 1913

(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.


(Signature of member or authorized representative of a member)

SCOTT J. SELIGMAN
(Typed or printed name of signee)

Filing Fee: \$25.00