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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878-5358

LLC DISSOLUTION OR WITHDRAWAL JIN ZHI STAR LT, LLC

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G. MCLEOD

JUL 16 2010

EXAMINER

COVER LETTER

TO:				
Subje	CT: JIN			
		(Name of For	eign Limited Liability	• • •
Dear Sir	or Madam	ı;		·
The enc	losed with	irawai and fee(s) are submitte	d for filing.	
TO: Registration Section Division of Corporations SUBJECT: JIN ZHI STAR LT, LLC (Name of Foreign Limited Liability Company) Dear Sir of Madam: The enclosed withdrawal and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: PAMELA J. ANSELMO, ESQ. (Name of Person) BECKER & POLIAKOFF, P.A. (Firm/Company) 3111 STIRLING ROAD (Address) FT. LAUDERDALE, FL 33312 (City/State and Zip Code) For further information concerning this matter, please call: PAMELA J. ANSELMO, ESQ. (Nume of Person) STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Enclosed is a check for the following amount: C] \$25 Filling Fee C] \$30 Filling Fee & Cartificate of Status & Certified Copy Cretificate of Status & Certified Copy				
PAME	LA J. AI	NSELMO, ESQ.		_
	_	(Name of Person)		
BECK	ER & P(OLIAKOFF, P.A.		
	-	(Firm/Company)		_
3111	STIRLIN	IG ROAD		
	- · <u></u>	(Address)		
FT. L	AUDERI	DALE, FL 33312		
		(City/State and Zip Cod	a)	_
For furth	her informe	ation concerning this matter, p	picase call:	
PAME	ELA J. A	NSELMO, ESQ.	at (954	364-6062
	(1	Name of Person)		Duytime Telephone Number)
	Registration of Clifton Bu 2661 Exec	on Section of Corporations allding outive Center Circle	Regi Divis P.O.	stration Section tion of Corporations Box 6327
Enclose	d is a chec	k for the following amount:		
□ \$2 5 F	Filing Fee			Certificate of Status &

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

	(Name of limited liability company)	
DELAWAI		
	(Jurisdiction of its organization)	
M0500000	0190	
	(Florida Document Number)	_
This limit authority t	ed liability company is no longer transacting business in Florida and surrende to transact business in this state.	ers its
This limitate behalf cause of a	ed liability company revokes the authority of its registered agent to accept servi and appoints the Department of State as its agent for service of process based ction arising during the time it was authorized to transact business in Florida.	ce on on a
	8181 W. BROWARD BLVD., SUITE 380	
	(Mailing address)	
	PLANTATION, FL 33324	
	(City/State/Zip)	
The limite	ed liability company agrees to notify the Department of State in the future of its malling address	of any
		54
Signature	of member or authorized representative of a member)	
	LANGELIA FOO	
	J. ANSELMO, ESQ.	5
rypea or	printed name of signee)	
		AHIO: OF STA
		AM IO: 36
		36 26 26

Filing Fee: \$25.00