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(Re	questor's Name)	
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T. HAMPTON

APR - 3 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: JK Harris Financial Recovery Service, 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 matter to the following:		
Shelby Elise Simmons (Name of Person)		
JK Harris + Company, LLC. (Firm/Company)		
4995 Lacross Rd. Ste 1800 (Address)		
North Charleston, SC 29406 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Shelly Elise Simmons at (843 ) 576 - 2755 x 2602 (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:		
\$25 Filing Fee \$25 Filing Fee \$255 Filing Fee		

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

JK Harris Financial Recovery Service, LLC (Name of limited liability company)
(Name of limited liability company)
Charleston, South Carolina (Jurisdiction of its organization)
(varioticion 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.
4995 Lacross Rd. Ste 1860 (Mailing address)
North Charleston, SC 29406 (City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
Sheller Paix Sommons
(Signature of member or authorized representative of a member)
Sheldy Elise Simmons
(Typed or/printed name of signee)

Filing Fee: \$25.00

SECRETARY OF STATE DIVISION OF CORPORATIONS