## 11050000642

(Re	equestor's Name)	
(Ad	ldress)	
<b>V</b>		•
(Ad	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number)	)
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
		. OF
	·	

Office Use Only

200080075672

09/29/06--01041--017 \*\*25.00 -





CT1203 Governors Square Blvd. Tallahassee, FL 32301-2960

850 222 1092 tel 850 222 7615 fax www.ctlegalsolutions.com

September 29, 2006

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 6745168 SO

Customer Reference 1: None Given

Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

Bernard Hoffman & Associates of Wisconsin, LLC (WI) Cancellation Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

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

Bernard Hoffmann & Associates of Wisconsin, LLC
(Name of limited liability company)
Wisconsin
(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.
3825 West Green Tree Road  (Mailing address)
(Mailing address)  Milwaukee, WI 53209  (City/State/Zip)
The limited liability company agrees to notify the Department of State the future of any change in its mailing address.
Banal Had mena. (Signature of member or authorized representative of a member)
Bernard Hoffmann, Member
(Typed or printed name of signee)

Filing Fee: \$25.00