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| (Requestor's Name) | | | | |
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| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| (Boodine (Carriage)) | | | | |
| Outle 1 Couling | | | | |
| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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SECRETARY OF STATE
SECRETARY OF FLORID.

COVER LETTER

| TO: | Registration Division of C | | | | | | |
|--|-------------------------------|---|---|-----------------------|-------------|--|--|
| SUBJECT: Sit Back & Relax, LLC | | | | | | | |
| | | (Name of Fore | ign Limited Liabil | lity Company) | | | |
| Dear Si | r or Madam: | | | | | | |
| The enclosed withdrawal and fee(s) are submitted for filing. | | | | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | | | |
| Micha | ael E. Kus | hnir, Esquire (Name of Person) | | | | | |
| Devine, Millimet & Branch (Firm/Company) | | | | | | | |
| 300 E | Brickstone | Square, Andover, M | ИА 01810 | | | | |
| Andover, MA 01810 | | | | | | | |
| | | (City/State and Zip Code |) | | | | |
| For further information concerning this matter, please call: | | | | | | | |
| Mich | ael E. Kus | hnir | at (978 | , 475-9100 | | | |
| | (Na | me of Person) | | de & Daytime Telephon | e Number) | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | | R D P | 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 | \$30 Filing Fee & Certificate of Status | \$55 Filing Fee Certified Copy | | of Status & | | |

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

. . . .

| Sit Back & Relax, LLC | | |
|--|------------------------------------|----------|
| (Name of limited liability company) | | |
| Delaware | | |
| (Jurisdiction of its organization) | <u>.</u> | |
| This limited liability company is no longer transacting business in Florida and sur authority to transact business in this state. | renders its | |
| This limited liability company revokes the authority of its registered agent to accept its behalf and appoints the Department of State as its agent for service of process cause of action arising during the time it was authorized to transact business in Florida | service on based on a | |
| 168 So. River Road, Ste. 5B | | |
| (Mailing address) | | |
| Bedford, NH 03110 | | |
| (City/State/Zip) | | |
| The limited liability company agrees to notify the Department of State in the fut change in its mailing address. | ure of any | |
| A) d | 08 JUL 28 SECRETAR TALLAHASS | D |
| (Signature of member or authorized representative of a member) | JUL 20 AHASI | Œ1, |
| Kyle Nagel | רות ∼< | ; -25 |
| (Typed or printed name of signee) | PM 12: | |
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Filing Fee: \$25.00