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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Bluegrass Abstract and Settlement Se (Name of Foreign Limited Liability Company)	rvicts,46
Dear Sir or Madam:	
The enclosed withdrawal and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Chris Mooser	
(Name of Person)	
First American / Bluegrass Abstr (Firm/Company) + Settlemen	act .+ Servicts, LLC
100 Mullard Creek Rd # 400 (Address)	
(Address)  A OVI SVI / le KU 4020 7  (City/State and Zip Gode)	5EC DIVISI
For further information concerning this matter, please call:  Hate Mc Murry at (502) 736-1387  (Name of Person) (Area Code & Daytime Telephone Number)	FILED ON OF CORPORA  EB 19 PH 1:
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	51
Enclosed is a check for the following amount:	
\$25 Filing Fee \$\sum \text{\$\$30 Filing Fee & \sum \text{\$\$Certificate of Status}\$ Certified Copy & Certificate of Status & Certified Copy	

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

Bluegrass Abstract and Settlement &	ervices, 240
(Name of limited liability company)	
(Jurisdiction of its organization)	<del></del>
This limited liability company is no longer transacting business in Florida and surrenders authority to transact business in this state.	its
This limited liability company revokes the authority of its registered agent to accept service its behalf and appoints the Department of State as its agent for service of process based or cause of action arising during the time it was authorized to transact business in Florida.	on n a
100 Wallard Creek Rd #400 (Mailing address)	
Lovisville Kentucky 40207	
(City/State/Elp)	
The limited liability company agrees to notify the Department of State in the future of a change in its mailing address.	نبيد يرواب
(Signature of member or authorized representative of a member)	9 SPE
Chris MooseR	PH ST
(Typed or printed name of signee)	· 33

Filing Fee: \$25.00