## M0500001402

(Requestor's Nam	e)
(Address)	
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,	
(City/State/Zip/Pho	one #)
PICK-UP WAIT	MAIL
(Business Entity N	lame)
(Document Numb	er)
. Certified Copies Certifica	tes of Ştatus
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SECRETARY OF STATE

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**EXAMINER** 

M05-1402

## **COVER LETTER**

Division of Corp							
SUBJECT:	ECOFLO	OW S	YSTEMS	S LL	.C		
	(Name of Forei	gn Limi	ted Liability	Com	pany)		
Dean Circu Madami							
Dear Sir or Madam:							
The enclosed withdrawal	and fee(s) are submitted	for filin	g.				
Please return all correspon	ndence concerning this m	atter to	the followin	g:			
Stanton B. Miller							
	(Name of Person)			-			
Schwartz Cooper	Chartered						
	(Firm/Company)		-	-			
180 North LaSalle	Street - Suite 270	00					
	(Address)			_		7: 2	
Chicago, Illinois	60601					2008 MAR 27 SECRETARY TALLAHASS	-
	(City/State and Zip Code)			-		HA AR	ب جنسون حمین
For further information co	oncerning this matter, ple	ase call	;			7 AMII: I RY OF STAT SSEE. FLORI	
Stanton B. Miller		at (	312	_)	516-4480	<u> </u>	-
(Name o	f Person)		(Area Code &	Dayt	ime Telephone Number)	Ωm ∵ Ω	
STREET/COUI Registration Sect	RIER ADDRESS:	MAILING ADDRESS: Registration Section					
Division of Corp		Division of Corporations					
Clifton Building 2661 Executive ( Tallahassee, Flor		P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for t	he following amount:						
\$25 Filing Fee	\$30 Filing Fee & Certificate of Status		filing Fee & Ted Copy	_	\$60 Filing Fee, Certificate of Status & Certified Copy		

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

ECOFLOW SYSTEMS LLC
(Name of limited liability company)
DELAWARE
(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.
3 SILVER RIDGE COMMON (Mailing address)
(Mailing address)  WESTON. CONNECTICUT 06883  (City/State/Zip)  WESTON CONNECTICUT 06883
WESTON. CONNECTICUT 06883  (City/State/Zip)  The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
Br. 5.
(Signature of thembed or authorized representative of a member)
ERIC EVANIER
(Typed or printed name of signee)

Filing Fee: \$25.00