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(Requestor's Name) (Address)	600108874656		
(City/State/Zip/Phone #)	;		
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COVER LETTER

TO: Registration Division of	Section Corporations					
SUBJECT: Sunw	ay Construction Serv					
	(Name of For	reign Limited Liabilit	y Company)			
Dear Sir or Madam:						
The enclosed withdra	awal and fee(s) are submitte	ed for filing.				
Please return all corr	espondence concerning this	matter to the follow	ing:			
Kim Melvin						
	(Name of Person)					
Sunway Hotel	Group		·	SE TALI	07	
	(Firm/Company)		- -	-AH	SEP	tur
10985 Cody S	uite 220			TAKY O ASSEE,	'SEP -5 P	il m the
	(Address)			rst LST	PH 2:	
Overland Park	, KS 66210		•	RID.	_	بيعتريم.
	(City/State and Zip Coo	le)	_	14		
For further informati	on concerning this matter,	please call:				
Kim Melvin		at (913	345-2111			
(Na	ame of Person)	(Area Code	& Daytime Telephone Number)			
Registration Division of Clifton Buil 2661 Execu	Corporations	Reg Div P.C	AILING ADDRESS: gistration Section ision of Corporations b. Box 6327 lahassee, Florida 32314			
Enclosed is a check	for the following amount	:				
\$25 Filing Fee	\$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy	ž.		

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

(Name of limited liability company)
(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.
10985 Cody Suite 220 (Mailing address)
Overland Park, KS 66210
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
(Signature of member or authorized representative of a member)
Linda L. Smith
(Typed or printed name of signee)

Filing Fee: \$25.00