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(Re	equestor's Name)	
, (Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL.
(Ві	usiness Entity Nam	ne)
(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		,

Office Use Only

G. MCLEOD

MAY - 5 2009

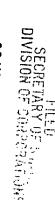
EXAMINER



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09 MAY -4 PH 3: 56



COVER LETTER

TO: Registration Section Division of Corporations	5
SUBJECT: Seviors Choice LLC (Name of Foreign Limited Liability Company)	-
Dear Sir or Madam:	
The enclosed withdrawal and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Robert W. Rouse JR (Name of Person)	
Seniors Choice, LLC (Firm/Company)	
POB 2187 (Address)	
Valdosta GA. 31604 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Robert W. Rouse TR at (229) 548-2187 (Name of Person) (Area Code & Daytime Telephone Number)	•
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 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 \$\ \text{Certificate of Status}\$ \$55 Filing Fee & \text{Certified Copy}\$\$\$ Certified Copy	

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

Seniors Choice LLC (Name of limited liability company)	
(Name of limited liability company)	
Georgia (Jurisdiction of its organization)	
(Jurnsarction 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.	
POB 2187 (Mailing address)	
VALLOSTA GA 31604 (City/State/Zip)	٠
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)	
Robert W. Rouse JR. (Typed or printed name of signee)	; •

Filing Fee: \$25.00