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(Re	equestor's Name)	
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G. MCLEOD

APR 1 6 2008

**EXAMINER** 

SECRETARY OF STATE DIVISION OF COEFFORATIO

G. MCLEOD

APR 3 2008

EXAMINER

## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: BALAYE FLORIDA MEMBER, LLC (Name of Foreign Limited)	I Vichilian Common )	
(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	e following:	
TRACY THONG		
(Name of Person)		
NATIONAL COMMERCIAL VENTURES		
(Firm/Company)		
12100 WILSHIRE BLVD., SUITE 250	• • • • • • • • • • • • • • • • • • • •	
(Address)		
LOS ANGELES, CA 90025-7117		
(City/State and Zip Code)	<del></del>	
For further information concerning this matter, please call:		
TRACY THONG at (	310 , 826-7301 ot o	
	rea 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 \$30 Filing Fee \$ \$55 Filing Certificate of Status Certified		

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

BALAYE FLORIDA MEMBER, LLC		
(Name of limited liability company)		_
DELAWARE		
(Jurisdiction of its organization)		
This limited liability company is no longer transacting business in Florida and surreauthority to transact business in this state.	nders	its
This limited liability company revokes the authority of its registered agent to accept so its behalf and appoints the Department of State as its agent for service of process because of action arising during the time it was authorized to transact business in Florida.	ervice sed or	on a
12100 WILSHIRE BLVD., SUITE 250		
(Mailing address)		
LOS ANGELES, CA 90025-7117		
(City/State/Zip)		
The limited liability company agrees to notify the Department of State in the future change in its mailing address.	e of a	ny
(Signature of member or authorized representative of a member)		<u>O</u>
RICHARD NATHAN	80	Vision N
(Typed or printed name of signee)	08 APR 15 PH	ON OF COS

Filing Fee: \$25.00