M050000000446

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(ON)/ONLONZIPA NOTICE II)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Optifical Option
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700125002637

04/25/08--01022--019 **30.00

2008 APR 25 AM II: 18
SECRETARY OF STATE
TAIL AHASSEF, FLORIDA

T. CLINE

APR 28 2008

EXAMINER

MOS-2144

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Old Snake Nation Holding		
(Name of Fo	oreign Limited Liability Company)	
Dear Sir or Madam:		
The enclosed withdrawal and fee(s) are submitted	ted for filing.	
Please return all correspondence concerning this	is matter to the following:	
Kelly G. Helmstetter / Corporate	Paralegal	
(Name of Person)		
Kevin M. Helmich, P.A.		
(Firm/Company)		
Post Office Box 5499		
(Address)		
Destin, Florida 32540-5499		7AS 21
(City/State and Zip Co	de)	CCR A
For further information concerning this matter,	please call:	2008 APR 25 SECRETARY O
Kelly G. Helmstetter	_{at (} 850 ₎ 650.4747	五岁 圣
(Name of Person)	(Area Code & Daytime Telephone Num	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following amount	:	
\$25 Filing Fee \$30 Filing Fee & Certificate of Status	S55 Filing Fee & S60 Filing Fee, Certified Copy Certificate of Stat Certified Copy	us &

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

Old Shake Nation Holdings, L.L.C.	
(Name of limited liability company)	
Georgia	
(Jurisdiction of its organization)	
This limited liability company is no longer transacting business in Flor authority to transact business in this state.	ida and surrenders its
This limited liability company revokes the authority of its registered ager its behalf and appoints the Department of State as its agent for service cause of action arising during the time it was authorized to transact business	of to accept service on of process based on a sin Florida.
Post Office Box 338	
(Mailing address)	
Blue Ridge, Georgia 30513	
(City/State/Zip)	
The limited liability company agrees to notify the Department of State change in its mailing address. (Signature of member or authorized representative of a member)	2008 SEC
John F. Soave	APR 25 APR 25 ARETARNAHASSI
(Typed or printed name of signee)	Y OF STATE

Filing Fee: \$25.00