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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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EXAMINER



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DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations	·
SUBJECT: MIC WESTON, LLC	
(Name of For	reign Limited Liability Company)
S 6: W.	
Dear Sir or Madam:	
The enclosed withdrawal and fee(s) are submitted	ed for filing.
Please return all correspondence concerning this	s matter to the following:
Sheila Buchheit	
(Name of Person)	
Mercury Investment	
(Firm/Company)	
202 W. Superior St., Ste. 321	
(Address)	
Duluth, MN 55802	
(City/State and Zip Coo	le)
E C	alassa di
For further information concerning this matter, p	piease can:
Sheila Buchheit	_{at (218)} 720-3807
(Name of Person)	(Area Code & Daytime Telephone Number)
etrefe/caurier address.	MAILING ADDDESS.
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassec, Florida 32314
Tallahassee, Florida 32301	rananassee, Pionaa 52514
Enclosed is a check for the following amount:	:
✓ \$25 Filing Fee \$30 Filing Fee &	\$55 Filing Fee & \$\infty\$\$\$\$\$\$ \$=\$60 Filing Fee,
Certificate of Status	Certified Copy Certificate of Status & Certified Copy

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

MIC WESTON, LLC		
(Name of limited liability company)		
STATE OF MINNESOTA		
(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.		
202 W SUPERIOR ST STE 321 (Mailing address)		
DULUTH MN 55802 (City/State/Zip)		
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.		
abbt B. Opter		
(Signature of member or authorized representative of a member)		
ABBOT G. APTER, PRESIDENT		
(Typed or printed name of signee)		

Filing Fee: \$25.00