## MD500000568

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SCURETARY OF STATE
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section		
TO: Registration Section Division of Corporations		
21, John of Gospotanion	•	
SUBJECT: StephenRoss Rentals, 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:		
•		
Pam Jenkins		
(Name of Person)		
, availe of reliability		
•	•	
StephenRoss Rentals, LLC		
(Firm/Company)		
•		
102 Samantha Drive		
(Address)	:	
<b>5</b>		
Bonaire, GA 31005		
(City/State and Zip Code)		
For further information concerning this matter, please call:	•	
Deborah Herrmann at (478 ) 953-	8249	
(Name of Person) (Area Code & Daytime 7	elephone Number)	
STREET/COURIER ADDRESS: MAILING AD	DRFSS.	
	Registration Section	
	Division of Corporations	
Clifton Building P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florada 32301	rida 32314	
Enclosed is a check for the following amount:		
✓ \$25 Filing Fee  \$30 Filing Fee & \$55 Filing Fee & \$60	Filing Fee,	
Certificate of Status Certified Copy Certi	fining ree, ficate of Status &	

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

StephenRoss Rentals, LLC
(Name of limited liability company)
Georgia
(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.
102 Samantha Drive
(Mailing address)
Bonaire, GA 31005
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
Jan Jako
(Signature of member or authorized representative of a member)
Pam Jenkins
(Typed or printed name of signee)

Filing Fee: \$25.00

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