

MOS000002694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

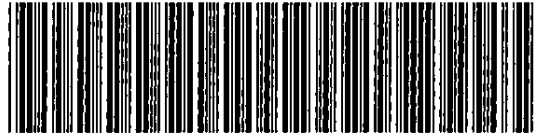
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MOS-2694  
OK

# NEARHOOD LAW OFFICES

A PROFESSIONAL LIMITED LIABILITY COMPANY

JAMES R. NEARHOOD  
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July 10, 2006

File No. 2699.001

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: CMS Enterprises, LLC, an Arizona limited liability company

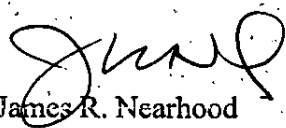
Dear Sir/Madam:

Delivered with this letter are an Application by Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida, along with a check made payable to the Florida Department of State in the amount of \$25. Please file this form and return a stamped copy to us in the enclosed self-addressed stamped envelope.

If you have any questions, please contact me.

Very truly yours,

NEARHOOD LAW OFFICES, PLC

  
James R. Nearhood

JRN:jg  
Enclosure

cc: John V. Robinson, Esq. (w/out enclosures)  
John D. Hatch, Esq. (w/out enclosures)

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TALLAHASSEE FLORIDA  
SECRETARY OF STATE

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

CMS ENTERPRISES, LLC

(Name of limited liability company)

Arizona

(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.

801 S. Olive Avenue, #1116

(Mailing address)

West Palm Beach, FL 33401

(City/State/Zip)

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)

Chris Stutts, Member

(Typed or printed name of signee)

**Filing Fee: \$25.00**

**FILED**  
JUN 14 PM 1:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA