

M 05000002839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

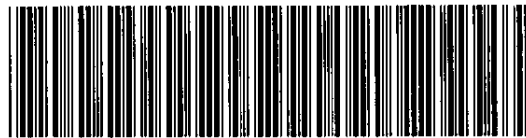
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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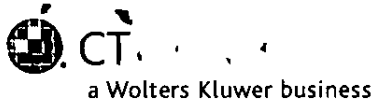
09 APR -3 PM 1:15

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

APR - 3 2009

EXAMINER



CT
1203 Governors Square Blvd.
Tallahassee, FL 32301-2960

850 222 1092 tel
850 222 7615 fax
www.ctlegalsolutions.com

April 3, 2009

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

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TALLAHASSEE, FLORIDA

Re: Order #: 7528055 SO
Customer Reference 1: Withdrawal Project
Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Deltaurora LLC (DE)
Cancellation
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

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

DELTAURORA LLC

(Name of limited liability company)

DELAWARE

(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.

10944 MARSH RD

(Mailing address)

AURORA, IN 47001

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.

Thomas W. Hewitz

(Signature of member or authorized representative of a member)

THOMAS W. HEWITZ V.P. FINANCE

(Typed or printed name of signee)

FILED
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DEPT. OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00