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SECRETARY OF STATENS
DIVISION OF CORPORATIONS
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: SUB
Dear Sir or Madam:
Dear Sir of Iviadam.
The enclosed withdrawal and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
(Firm/Company)  SL MANAGEMENT, LLC  UPS STORE 3056 • BOX 115  5665 GA HWY 9, STE. 103  ALPHARETTA, GA 30004
(Address)
(City/State and Zip Code)
(City/State and Lip Code)
For further information concerning this matter, please call:
(Name of Person)  at (678) 648 3 215  (Area Code & Daytime Telephone Number)  Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 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 Certificate of Status & Certified Copy

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

(Name of limited liability company)
(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.
(Mailing address)  SL MANAGEMENT, LLC  UPS STORE 3056 • BOX 115  5865 QA HWY 9, STE. 103  ALPHARETTA, GA 30004  (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)
TEFFERY TO WHITE  (Typed or printed name of signee)  7 VISECTOR OF THE STREET OF THE S

Filing Fee: \$25.00