

M05000003723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

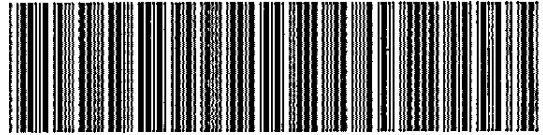
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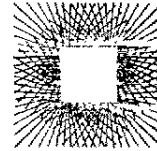
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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The Bank of New York
One Wall Street
New York, NY 10286

Heather A. Sisler
Assistant Vice President
212 635 1791 Telephone
212 635 1269 Facsimile
hsisler@bankofny.com



The **BANK**
of **NEW YORK**

February 21, 2007

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

Attention: Corporate Filings

Re: Application for Withdrawal of Authority of Dade City Service Center, LLC
Document # M05000003723

Dear Sir/Madam:

Enclosed please find a Application for Withdrawal of Authority for Dade City Service Center, LLC, along with our check in the amount of \$25.00 representing filing fees. Kindly file the Application for Withdrawal of Authority, returning a letter of acknowledgement to my attention in the envelope provided for your convenience.

Should you have any questions or need further information, please feel free to contact me at (212) 635-1791.

Thank you.

Sincerely,

Heather A. Sisler

enclosures

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Dade City Service Center, 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.

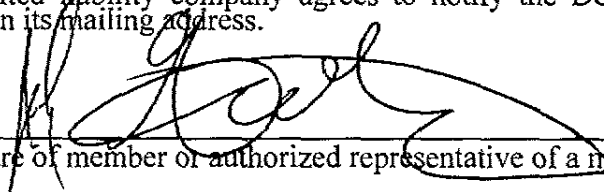
c/o The Bank of New York, John Guiliano

(Mailing address)

101 Barclay Street, 8W, New York, NY 10286

(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)

John Guiliano

(Typed or printed name of signee)

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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