(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Oktyrotato/21p// Holle II)
PICK-UP WAIT MAIL
(Business Entity Name)
(Basilioss Ellity Hallie)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

APR - 7 2009

**EXAMINER** 



300148519813

04/06/09--01009--025 \*\*25.00

09 APR -6 PM 3: 45

## **COVER LETTER**

TO: Desistanting Constant	
TO: Registration Section Division of Corporations	
SUBJECT: Avalon Financial Group, LI	LC
	reign Limited Liability Company)
Dear Sir or Madam:	
The enclosed withdrawal and fee(s) are submitt	ed for filing.
Please return all correspondence concerning thi	s matter to the following:
James C. Woodard, II	
(Name of Person)	
Avalon Financial Group, LLC	
(Firm/Company)	
1305 8th Avenue South	
(Address)	
N	
Nashville, TN 37203	4.0
(City/State and Zip Co	de)
For further information concerning this matter,	please call:
-	•
James C. Woodard	at (_615) 627-2688
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS.
Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following amount	<b>;</b>
	_
\$25 Filing Fee \$30 Filing Fee & Certificate of Status	S55 Filing Fee & S60 Filing Fee, Certified Copy Certificate of Status & Certified Copy

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

Avalon Financial Group, LLC
(Name of limited liability company)
Nashville, TN 37203
(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.
1305 8th Avenue South
(Mailing address)
Nashville, TN 37203
(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)
James C. Woodard
(Typed or printed name of signee)  On the state of the st

Filing Fee: \$25.00