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(Requestor's Name) (Address) (Address)	000114512670
(City/State/Zip/Phone #)	01/11/0801029013 **25.00
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M05.3194



COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Search 2 Close USA Limited Company (Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brooke munekata (Name of Person

Searchaclose

(Firm/Company)

2400 Corporate Exchange Dr. Suite 200 (Address)

Columbus, Ohio 4 (City/State and Zip 43231

For further information concerning this matter, please call:

<u>-5322</u> Brooke munekat (Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Enclosed is a check for the following amount:

\$25 Filing Fee

\$30 Filing Fee & Certificate of Status

S55 Filing Fee & Certified Copy S60 Filing Fee, Certificate of Status & Certified Copy

MAILING ADDRESS:

Tallahassee, Florida 32314

Registration Section Division of Corporations

P.O. Box 6327

08 JAN 11 AM 11: 35

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

Limited Search2 Close USA Company

Name of limited liability company

Ohio

(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.

2400 Corporate Exchange (Mailing address) Dr. Ste 200

Columbus. Dhio 43231 (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)

Brooke munekata

(Typed or printed name of signee)



Filing Fee: \$25.00