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| (Red | uestor's Name) | |
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| (City | /State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bus | iness Entity Nar | ne) |
| | | |
| (Doc | cument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | iling Officer: | |
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Office Use Only

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EXAMINER



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DIVISION OF CORPORATION

BRENNAN, MANNA & DIAMOND

ATTORNEYS & COUNSELORS AT LAW

Anna-Karina Dragolich Phone: 330-253-5060 Fax: 330-253-1977 Email: akdragolich@bmdllc.com

June 25, 2008

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Dear Sir or Madam

Enclosed herewith please find the Withdrawal of Authority for the above referenced entity, along with a check in the amount of \$25,00 for the filing feet Please file the same and return any receipts and/or certificates to me

Thank you for your time and attention to this matter. Please feel free to contact me if you should have any questions:

Very truly yours.

Paralegal

COVER LETTER

Registration Section

TO:

| Division of Corporations |
|---|
| SUBJECT: LS Palm Beach Atlantic, LLC |
| (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: |
| |
| Anna Dragolich |
| (Name of Person) |
| Durana Maria C Diamend II O |
| Brennan, Manna & Diamond, LLC (Firm/Company) |
| |
| 75 East Market Street |
| (Address) |
| Akron, OH 44308 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Anna Dragolich at (330) 253-5060, Ext. 151 |
| (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 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 |

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

| LS Palm Beach Atlantic, LLC | • | |
|--|---|--------------|
| (Name of limited liability company) | | |
| Nevada | | |
| (Jurisdiction of its organization) | | |
| This limited liability company is no longer transacting business in Flor authority to transact business in this state. | ida and surrender | rs its |
| This limited liability company revokes the authority of its registered ager its behalf and appoints the Department of State as its agent for service cause of action arising during the time it was authorized to transact business. | nt to accept service of process based in Florida. | e on on a |
| 159 S. Main Street, Suite 500 | | |
| (Mailing address) | | |
| Akron, OH 44308 | | |
| (City/State/Zip) | | |
| The limited liability company agrees to notify the Department of State change in its mailing address. | in the future of | any |
| Joseph RWiebe | ud let - č | |
| (Signature of member or authorized representative of a member) | | 08 /ISI |
| Joseph R. Weber, Authorized Representative | | NOL 80 |
| (Typed or printed name of signee) | | 30 |
| | | 14 |
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Filing Fee: \$25.00