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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

J. BRYAN

MAY -4 2009

**EXAMINER** 

## TO: Registration Section Division of Corporations

## COVER LETTER

SUBJECT: SILVER NUE (Name of F	EET PASPERTIES TIT, LICE Foreign Limited Liability Company)	·
Dear Sir or Madam:		
The enclosed withdrawal and fee(s) are submi	tted for filing.	
Please return all correspondence concerning the	nis matter to the following:	
(Name of Person)	·	09 HA
SILVER NUBERT PRO (Firm/Company)	BERTIES TIT, UC	09 HAY -1 PH 2: 26 SECRETARY OF STATE TALLAHASSEE, FLORID
5552 SALK /L	040	2: 26 STATI
City/State and Zip C	•	ישי
For further information concerning this matter	•	
(Name of Person)	at (775) 841-2382 (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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
\$25 Filing Fee \$\square	\$55 Filing Fee & \$60 Filing Fee, Certified Copy Certificate of Status & Certified Copy	

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

SILVER NUMBET PROPERTIES TIT, LLC (Name of limited liability company)
(Name of limited liability company)
STATE OF WYOM: NE (Jurisdiction of its organization)
(variation of the differential)
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.
5552 SALK ASAS (Mailing address)
(Mailing address)
CANSON CITY NU 89706
(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)
(Signature of member or authorized representative of a member)
(Typed or printed name of signee)
(Typed or printed name of signee)

Filing Fee: \$25.00