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STURBLARY OF STATE
AND A SSEEL FLORIDA

D. BRUCE

JUL 1 8 2010

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations	·
SUBJECT: BAJIO, LLC	
	eign Limited Liability Company)
Dear Sir or Madam:	
Deal Sir or Madam:	
The enclosed withdrawal and fee(s) are submitted	d for filing.
Please return all correspondence concerning this	matter to the following:
:	
Deborah Mead	
(Name of Person)	
Franchise World Headquarters, LLC	
(Firm/Company)	
	1
325 Bic Drive	ار آخر الرابع الرابع الرابع
(Address)	
NAME OF SOLIS	الله الله الله الله الله الله الله الله
Milford, CT 06461 (City/State and Zip Code	
(Chy/state and Zip Code	
For further information concerning this matter, pl	lease call:
Deborah Mead	at (203) 877-4281 1407
(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 2661 Executive Center Circle	P.O. Box 6327
Tallahassee, Florida 32301	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

BAJIO, LLC
(Name of limited liability company)
DELAWARE
(Jurisdiction of its organization)
M05000004833
(Florida Document Number)
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.
325 BIC DRIVE
(Mailing address)
MILFORD, CT 06461
(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)
(Typed or printed name of signee)

Filing Fee: \$25.00