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May 19, 2009

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Application of Withdraw

Please accept the enclosed Application of Withdraw for REPS, L.L.C. as the company has permanently discontinued operations in your state due to liquidation of the business.

Enclosed is the \$25.00 filing fee. Please update your records accordingly.

If you have any questions or comments, please contact me at (248) 362-4400 ext. 834.

Sincerely,

Brian Marietta Tax Director

. Morista

COVER LETTER

то:	Registration Section Division of Corporations						
SUBJEC	CT: _	REPS,	L.L.C.	(Name of	Foreign Lin	nited Liabil	ity Company)
Dear Sir	or M	adam:					
The encl	losed	withdra	awal and fee(s	are submit	ted for filing	g .	
Please re	eturn	all corr	espondence co	oncerning thi	is matter to	the following	ng:
Brian	. Mar	rietta					<u>.</u>
		1)	Name of Person	1)			
REPS,	L.I	.c.					
		(J	Firm/Company)			
500 K	(irts		Address)				_
Troy,	MI	4808	4				
		((City/State and Z	ZIP Code)			_
For furth	ner in	formati	on concerning	this matter,	please call:		
Brian	Mar					(248) 36	
		(Na	me 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:			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
					_	ina Eco P	S40 Filing Egg
X \$25 F	ınng	ree	□\$30 Filin Certifica	g Fee & tee of Status		ing Fee & d Copy	☐\$60 Filing Fee, Certificate of Status & Certified Copy

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

(Name of limited liability company)
Michigan
(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.
500 Kirts Blvd. (Mailing address)
(maning addition)
Troy, MI 48084
(City/State/ZIP)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
Krame KoKIL
(Signature of member or authorized representative of a member)
Rozanne Kokko CFO/SVP/Corp. Secretary
(Typed or printed name of signee)

Filing Fee: \$25.00

O9 MAY 26 AM 9: 10
SECKETHARY OF STATE
TALLAHASSEE FLORIDA