## M0500005547

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bı	usiness Entity Nar	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
		:





600156496136

05/29/09--01011--024 \*\*\*25.00

09 JUN -9 PM 1:02 SECRETARY OF STATE ALLAHASSEE, FI DBIS

D. BRUCE

JUN 10 2009

**EXAMINER** 

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Collegiate Sports Likhry-S. LLC alka GAtory (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:
John Lykins (Name of Person)
(Firm/Company)
884 Rugeville Rd (Address)  SECRETARY ALLAHASSE
The Villages, FL 32162 (City/State and Zip Code)  (City/State and Zip Code)
For further information concerning this matter, please call:
Ohn Lykins at (352) 205-7878  (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:  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314  FAIL  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
\$25 Filing Fee \$\bigcup \\$30 Filing Fee & \$\bigcup \\$55 Filing Fee & \$\bigcup \\$60 Filing Fee, \$\bigcup \\$certificate of Status & \$\bigcup \\$certified Copy\$  Certified Copy



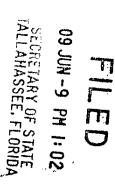
## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 1, 2009

JOHN LYKINS 884 RIDGEVILLE RD THE VILLAGES, FL 32162

SUBJECT: COLLEGIATE SPORTS HISTORY-SOUTH LLC

Ref. Number: M05000005547



We have received your document for COLLEGIATE SPORTS HISTORY-SOUTH LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Letter Number: 909A00018268

Deborah Bruce Regulatory Specialist II ?,

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

Collegate Sports History-S, UC don GATOR Sports History
(Name of limited liability company)
Florida - Kentucky (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.
884 Rrageville Rd (Mailing address)
The Vollages, FL 33162 (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)
ARY OF SEE, FI

Filing Fee: \$25.00