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D. BRUCE

NOV 19 2008

EXAMINER

COVER LETTER

	Registration Section Division of Corporations			
SUBJEC	r: SS 10-3, LLC			
	(Name of Fore	ign Limited Liability	(Company)	
Dear Sir o	r Madam:			
The enclo	sed withdrawal and fee(s) are submitted	for filing.		
Please ret	um all correspondence concerning this t	natter to the following	ng:	
Genev	a Reimer, Paralegal (Name of Person)			
Shugha	art Thomson & Kilroy, PC (Firm/Company)		_	08 SECR TALLA
9225 lr	ndian Creek Parkway, Suite (Address)	1100	_	NOV 18 FH 2: 2; ETARY OF STATE HASSEE, FLORIDA
Overla	nd Park, KS 66210			TATE ORIDI
	(City/State and Zip Code)		ယ
For furthe	r information concerning this matter, pl	ease call:		
Genev	a Reimer, Paralegal	at (816	395-0612	
	(Name of Person)		& Daytime Telephone Number)	
F [(2	TREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 661 Executive Center Circle Callahassee, 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 Fil	ing Fee \$\bigsim \frac{1}{30}\$ Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	Section 1: 25 Section 2: 25 Se	

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

SS 10-3, LLC
(Name of limited liability company)
Kansas
(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.
10955 Granada
(Mailing address)
Overland Park, KS 66211 (City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
(uer)
(Signature of member or authorized representative of a member)
Robert S. Cutler, Manager
(Typed or printed name of signee) WOV 18 PH 2: 23

Filing Fee: \$25.00