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GA Thomas FEB 15 2008

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: The Impact Group 084, LLC		
(Name of For	eign Limited Liability Company)	
Dear Sir or Madam:		
The enclosed withdrawal and fee(s) are submitte	d for filing.	
Please return all correspondence concerning this	matter to the following:	
Randolph M. Wright		
(Name of Person)		08
Berry Moorman P.C.		08 FEB 14 AM 9: 41 SECHETARY OF STATE FALLAHASSEE, FLORID
(Firm/Company)		ARY
· · · · · · · · · · · · · · · · · · ·		TO THE
255 E. Brown Street, Suite 320		OH F
(Address)		Bm -
	009	
(City/State and Zip Cod	le)	
For further information concerning this matter, p	please call:	
Randolph M. Wright	_{at (} 248 ₎ 645-9680	
(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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:	:	
\$25 Filing Fee \$30 Filing Fee & Certificate of Status	S55 Filing Fee & S60 Filing Fee, Certified Copy Certificate of Status & Certified Copy	

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

The Impact Group 084, LLC
(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
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.
255 E. Brown Street, Suite 320
(Mailing address)
Birmingham, Michigan 48009 (City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.

Filing Fee: \$25.00

(Signature of member or authorized representative of a member)

Authorized Representative (Typed or printed name of signee)