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SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

TO:

TO:		istration sion of (Section Corporations		
SUBJE	ECT:	Trans	american Dissolution	Company, LLC	
			(Name of For	eign Limited Liability (Company)
Dear S	ir or N	ladam:			
The en	closed	withdra	wal and fee(s) are submitte	ed for filing.	
Please	return	all corre	spondence concerning this	matter to the following	:
Rach	el Sta	anger		•	
			(Name of Person)		
Ferna	ald L	aw Gr	oup, LLP		•
			(Firm/Company)		
<u>510 \</u>	N. S	xth St	reet, Suite 700	· · · · · · · · · · · · · · · · · · ·	
			(Address)		·
Los /	Ange	les, C	A 90014		,
			(City/State and Zip Cod	ie)	
For fur	ther in	formatio	on concerning this matter, p	please call:	
Rach	el Si	anger		at (323	410-0321
		(Na	me of Person)		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			
Enclos	ed is a	check 1	or the following amount:		
\$25	Filing	Fee	■ \$30 Filing Fee & Certificate of Status	Certified 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)	
Delaware (Jurisdiction of its organization)	
(Jurisdiction of its organization)	
M0500005889	
(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.	
400 W. Artesia Blvd.	SECR
(Mailing address)	Ħ
400 W. Artesia Blvd. (Mailing address)	27
Compton, CA 90220	06
(City/State/Zip)	(C)
	Ξ
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.	ŠTT.
(Signature of member or authorized representative of a member)	
Darren M. Salvin	
(Typed or printed name of signee)	

Filing Fee: \$25.00