## W0500006125

(Requestor's Name)
(Address)
(riduless)
(Address)
(City/State/Zip/Phone #)
(Otty/Otate/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700141381877

01/21/09--01027--017 \*\*30.00

SECHETARY OF STATE

M. THOMAS

JAN 2 2 2009

EXAMIN

m05-6125

## **COVER LETTER**

TO:

	egistration Se Division of Cor				
SUBJECI	r: PRYCE	E-JONES LEASI (Name of For	NG, LLC reign Limited Liability	Сотрапу)	
Dear Sir o	r Madam:				
The enclos	sed withdrawa	l and fee(s) are submitte	ed for filing.		
Please retu	irn all corresp	ondence concerning this	matter to the following	g:	
Brigette	e Harms				
Drigott	<u> </u>	(Name of Person)		-	
					<u></u>
Advoca	ite Consult	ting Legal Group,	PLLC		î Î
	<u> </u>	(Firm/Company)		- '	
3073 H	lorseshoe	Drive South, Sui	te 210		
		(Address)		-	
Naples	, FL 3410	)4			
	<u> </u>	(City/State and Zip Coo	le)	-	
For further	r information	concerning this matter, p	olease call:		
Brigette	e Harms		at ( 239	213-0066	
	(Name	of Person)	(Area Code &	Daytime Telephone Number)	
		URIER ADDRESS:		LING ADDRESS:	
Registration Section Division of Corporations		Registration Section Division of Corporations			
Clifton Building		P.O. Box 6327			
	661 Executive Pallahassee, Fl	e Center Circle orida 32301	Talla	hassee, Florida 32314	
Enclosed	is a check for	the following amount	:		
<b>Ø</b> ∳ Fil	ling Fee [	\$30 Filing Fee & Certificate of Status	\$55 Filing Fee & 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

PRYCE-JONES LEASING, LLC (Name of limited liability company)
DELAWARE  (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.
1170 HOLLY OAKS COURT (Mailing address)
(Mailing address)
JACKSONVILLE, FL 32259 (City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
Saloma Dayce Tones (Signature of member or authorized representative of a member)
SABINA I PRYCE-JONES

Filing Fee: \$25.00

(Typed or printed name of signee)