

MD5000006145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

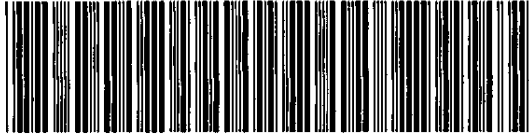
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EXAMINER



300231691363

04/27/12--01008--015 **25.00

FILED
12 APR 27 AM 10:34
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PIZZUTI OWP LLC
(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:

RON SCHWIND
(Name of Person)

THE PIZZUTI COMPANIES
(Firm/Company)

TWO MIRANOVA PLACE SUITE 800
(Address)
COLUMBUS OH 43215
(City/State and Zip Code)

PIZZUTI OWP LLC
2000 BROADWAY
SUITE 800
COLUMBUS, OH 43215

For further information concerning this matter, please call:

RON SCHWIND at (614) 280-4000
(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
- \$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**

PIZZUTI OWP LLC

(Name of limited liability company)

OHIO

(Jurisdiction of its organization)

M05000006145

(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.

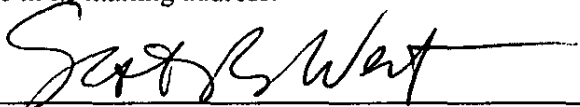
TWO MIRANOVA PLACE SUITE 800

(Mailing address)

COLUMBUS OHIO 43215

(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)

SCOTT B. WEST, EVP

(Typed or printed name of signee)

FILED
12 APR 27 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00