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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sunglass Excitement, L.L.C.	
(Name of Foreign Limited Liabil	ity Company)
Dear Sir or Madam:	
The enclosed withdrawal and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the follow	ving:
Calista J. Vitale, Paralegal (Name of Person)	
(Name of Feison)	
Blumenfeld, Kaplan & Sandweiss, P.C.	
(Firm/Company)	
168 N. Meramec Avenue, Suite 400	_
(Address)	
St. Louis, Missouri 63105	<u></u>
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Calista Vitale, Paralegal at (314	, 863-0800
	le & Daytime Telephone Number)
Registration Section Re Division of Corporations Div Clifton Building P.C 2661 Executive Center Circle Tallahassee, Florida 32301	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314
Enclosed is a check for the following amount:	
\$25 Filing Fee S30 Filing Fee Certificate of Status Certified Copy	& \$\Bigcup \$60\$ Filing Fee, Certificate of Status & Certified Copy

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

Sunglass Excitement, L.L.C.
(Name of limited liability company)
Missouri
(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.
168 North Meramec, Suite 400 (Mailing address)
St. Louis, Missouri 63105
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change n its mailing address.
Done Cl
(Signature of member or authorized representative of a member)
D. Michael Cannady
Typed or printed name of signee)

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Filing Fee: \$25.00

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D. Michael Cannady
(Typed or printed name of signee)

Filing Fee: \$25.00