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To:

Division of Corporations

Fax Number : (850)617-6383

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Account Name : WHWW, INC.
Account Number : 120060000124
Phone : (407)246-6564
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SECRETARY OF STATE AND 12

LLC DISS/WITH OR REV DISS

MORGAN GROUP BALDWIN PARK, L.L.C.

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Morgan Group Baldwin Park (Name of Foreign L	L. L.L.C.	
Dear Sir or Madam:		
The enclosed withdrawal and fee(s) are submitted for the	filing.	
Please return all correspondence concerning this matte	er to the following:	
Michael S. Morgan		
(Name of Person)		
·		
(Firm/Company)		 ,
		98
5606 SOUTH RICE AVENUE		
(Address)		V 25 V 25 V SSE
HOUSTON TX 77081		THO IT
(City/State and Zip Code)		FSTA1
For further information concerning this matter, please	call:	112
Michael S. Morgan (Name of Person)	at (113) 361-7200 (Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
X \$25 Filing Fee	55 Filing Fee & S60 Filing Fee, ertified Copy Certificate of Status & Certified Copy	

но80002629013

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

Morgan Group Baldwin Park. L.L.C.	
(Name of limited liability company)	
Texas (Jurisdiction of its organization)	<u>.</u>
This limited liability company is no longer transacting business in Florida and surreauthority to transact business in this state.	enders its
This limited liability company revokes the authority of its registered agent to accept so its behalf and appoints the Department of State as its agent for service of process because of action arising during the time it was authorized to transact business in Florida.	ervice on ased on a
5606 SOUTH RICE AVENUE (Mailing address)	
HOUSTON TX 77081 (City/State/Zip)	
The limited liability company agrees to notify the Department of State in the futue	re of any
Mon	
(Signature of member or authorized representative of a member) Muchael S. Moraen (Typed or printed name of signee)	FILED 08 NOV 25 AM ID: 12 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Filling Fee: \$25.00