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SECRETARY OF STAT

## **COVER LETTER**

TO:

TO: Registration Section Division of Corporations			
SUBJECT: Exodus Management Services, 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:			
Tammy Bartlett			
(Name of Person)			
Exodus Management Services, LLC	=		
(Firm/Company)	SEC	07 H	
8005 North Point Blvd. Ste. B	RE TAN	07 HAY 10	Control of the second s
(Address)	333 0 333		
NAME A	STATE FLORID	PH 3	g u
Winston Salem NC 27106		3: 06	Q-a
(City/State and Zip Code)	Ď	100	
For further information concerning this matter, please call:			
Tammy Bartlett at ( 336 ) 302-8181			
(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:			
7\$25 Filing Fee \$30 Filing Fee & \$55 Filing Fee & \$60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy	:		

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

Exodus Management Services, LLC
(Name of limited liability company)
North Carolina
(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.
8005 North Point Blvd. Ste B (Mailing address)
Winston Salem NC 27106 (City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
January Bartlitt
(Signature of member or authorized representative of a member)
Tammy Bartlett
(Typed or printed name of signee)  Property of the state

Filing Fee: \$25.00