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**EXAMINER** 

MS -4460

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: American Eagle Design Build Studio, L	
(Name of Foreign Limited L	iability Company)
Dear Sir or Madam:	
The enclosed withdrawal and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the fe	ollowing:
Marilyn Dobson	
(Name of Person)	<del></del>
American Eagle Design Build Studio, LLC	
(Firm/Company)	
7604 Technology Drive, Suite 300	
(Address)	12 10 100 100 100 100 100 100 100 100 10
Denver, CO 80237	
(City/State and Zip Code)	- ω SSE SSE SSE SSE SSE SSE SSE SSE SSE SS
For further information concerning this matter, please call:	654 9109
Marilyn Dobson at ( 72	20 554-8198
(Name of Person) (Area	a Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following amount:	
\$25 Filing Fee \$\sum \\$30 Filing Fee & \$\sum \\$55 Filing Certificate of Status \$\sum \text{Certified C}\$	

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

American Eagle Design Build Studio, 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.	
7604 Technology Drive, Suite 300 (Mailing address)	
Denver, CO 80237	
(City/State/Zip)	
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.	
P	
(Signature of member or authorized representative of a member)	
Salvatore R. Carabetta	
(Typed or printed name of signee)	

Filing Fee: \$25.00