M0500006649

(Reque	estor's Name)			
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C. LEWIS

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EXAMINER

COVER LETTER

TO:

		stration Section ion of Corporations			
SUBJEC	CT: _	SNS-Tampa Real Es			
		(Nam	e of Foreign Limited Li	ability Con	npany)
Dear Sir	or M	adam:			
The encl	osed	withdrawal and fee(s) are	submitted for filing.		
Please re	turn	all correspondence concern	ning this matter to the fo	llowing:	
Donna	Мс	·			
		(Name of Perso	on)		
SNS A	dm	nistrative Services,	LLC		
		(Firm/Compan	y)		
PO Bo	x 8				
		(Address)			
Birmin	gha	m AL 35201			
		(City/State and	Zip Code)		
For furth	er int	ormation concerning this i	natter, please call:		
Donna	Мо	Kinney	at (205		76-7676
		(Name of Person)	(Area	Code & Day	ytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		SS:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed	l is a	check for the following a	mount:		
☑ \$25 Fi	iling	Fee \$30 Filing Fee Certificate of S			\$60 Filing Fee, Certificate of Status & Certified Copy

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

(Name of limited liability company)
Alabama
(Jurisdiction of its organization)
M05000006649
(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.
4700 Walgreen Road (Mailing address)
(Maning address)
leakaanvilla, El 2000
Jacksonville, FI 32209 (City/State/Zip)
(0.3, 0.3, 0.4)
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)
Samuel W. Kelley
(Typed or printed name of signee)

Filing Fee: \$25.00