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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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AND AHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Applefield Seven SPE, 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:		
Bryan Applefield		
(Name of Person)		
Applefield Seven SPE, LLC		
(Firm/Company)		
· • •		
2220 Montgomon, Hung		
2330 Montgomery Hwy.  (Address)		
(Addiess)		
Dothan, AL 36303		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Bryan Applefield 334 \ 793-0997		
Bryan Applefield at ( 334 ) 793-0997 (Name of Person) (Area Code & Daytime Telephone Number)	—	
(Name of Ferson) (Area code & Dayume Felephone Number)		
STREET/COURIER ADDRESS: MAILING ADDRESS:		
Registration Section Registration Section		
Division of Corporations Division of Corporations		
Clifton Building P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32314	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$25 Filing Fee \$30 Filing Fee & \$55 Filing Fee & \$60 Filing Fee,		
Certificate of Status Certified Copy Certificate of Status &		

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

Applefield Seven SPE, 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.
2330 Montgomery Hwy.  (Mailing address)
Dothan, AL 36303 (City/State/Zip)
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)
Bryan Applefield
(Typed or printed name of signee)  HASSEE, FLORIE

Filing Fee: \$25.00