## molo@00000071

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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09/03/10--01009--010 \*\*35.00



S. HAWKES

SEP 2 9 2010

EXAMINER





## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 8, 2010

BRIDGE ROAD, LLC 1840 OAK AVE SUITE 110 EVANSTON, IL 60201

SUBJECT: BRIDGE ROAD, LLC Ref. Number: M06000000071

We have received your document for BRIDGE ROAD, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes Regulatory Specialist II

Letter Number: 410A00021353

## **COVER LETTER**

TO:	Registr Divisio		Section orporations		
SUBJI	ECT:	BR	Name of Fo	reign Limited Liability	Company)
Dear S	ir or Mad	lam:			
The en	closed wi	ithdrav	val and fee(s) are submitte	ed for filing.	•
Please	return all	corres	pondence concerning this	s matter to the following	g:
	SARAI	<del>1</del> k	(NAKE (Name of Person)		-
	RPK	ماراط	(Firm/Company)		
	1840	OA	K AUE. # III	D	
	EVA	π24	ON IL 602 (City/State and Zip Coo	.O J	-
For fur	ther infor	mation	concerning this matter, p	please call:	
_St	HRAH	(Nam	AKE e of Person)	at ( <u>847</u> (Area Code &	Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301			ection orporations ng /e Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclos	ed is a cl	ieck fo	or the following amount:	:	
\$25	Filing Fe	e	■ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	■ \$60 Filing Fee, Certificate of Status & Certified Copy

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

BRIDGE ROAD, UC. (Name of limited liability company)
Delaware (Jurisdiction of its organization)
M060000001
(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.
1840 OAL AVE # 110 (Mailing address)
EVANSTON IL 6020   TO TO TO THE TOTAL STORY   TO TO TH
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)  (Typed or printed name of signee)

Filing Fee: \$25.00