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(Requestor's Name)
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(Business Entity Name)
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

BRENNAN, MANNA & DIAMOND

'ATTORNEYS & COUNSELORS AT LAW

Anna-Karina Dragolich Phone: 330-253-5060 Fax: 330-253-1977

Email: akdragolich@bmdllc.com

June 25, 2008

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Dear Sir or Madam

Enclosed herewith please find the Withdrawal of Authority for the above referenced entity, along withgatcheck in the amounts of \$25,00 for the filing fees Please file the same and return any receipts and/or certificated to me.

Thank you for your time and attention to this matter. Please feel free to contact me if you should have any questions.

Very truly yours,

Paralegal

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: LS LEAP, LLC		
(Name of Fo	oreign Limited Liability Company)	
Dear Sir or Madam:		
The enclosed withdrawal and fee(s) are submitted	ted for filing.	
Please return all correspondence concerning thi	is matter to the following:	
Anna Dragolich		
(Name of Person)	SEC ALL.	
Brennan, Manna & Diamond,	SECRETARY OF STATE ALLAHASSEE, FLORIDA	
(Firm/Company)	EE. F	
75 East Market Street	STATI CORIE	
(Address)	JE J	
Akron, OH 44308		
(City/State and Zip Co	ode)	
For further information concerning this matter,	please call:	
Anna Dragolich	at (330) 253-5060, Ext. 151	
(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 amoun	t:	
\$25 Filing Fee \$30 Filing Fee & Certificate of Status	S55 Filing Fee & S60 Filing Fee, Certified Copy Certificate of Status & Certified Copy	

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

LS LEAP, LLC	
(Name of limited liability company)	
Nevada	
(Jurisdiction of its organization)	
This limited liability company is no longer transacting business in Fl authority to transact business in this state.	orida and surrenders its
This limited liability company revokes the authority of its registered agits behalf and appoints the Department of State as its agent for servic cause of action arising during the time it was authorized to transact busing	gent to accept service on e of process based on a less in Florida.
159 S. Main Street, Suite 500 (Mailing address)	
Akron, OH 44308 (City/State/Zip)	
The limited liability company agrees to notify the Department of Stachange in its mailing address.	ate in the future of any
Speph R Willey	700 8 SEC! TALL!
(Signature of member or authorized representative of a member)	JUN THE TA
Joseph R. Weber, Authorized Representative	ARY SSET
(Typed or printed name of signee)	
	STA COR
	5 분명

Filing Fee: \$25.00