

MO 60000000334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

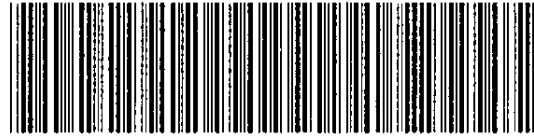
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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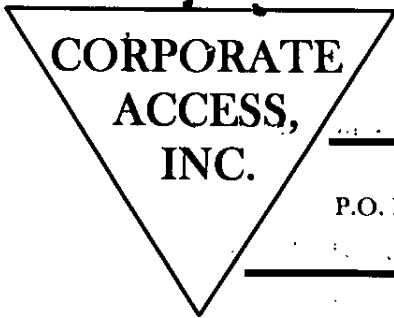
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DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

B. KOHR

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EXAMINER



"When you need ACCESS to the world"

236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP:

12/23/09 *Amde*

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LLC Cancellation

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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1.

West Florida, LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

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

WEST FLORIDA, LLC

(Name of limited liability company)

California

(Jurisdiction of its organization)

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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.

10525 Vista Sorrento Parkway, Suite 110

(Mailing address)

San Diego, California 92121

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.

WESTERN DEVCON, INC.
a California corporation

By: 

(Signature of member or authorized representative of a member)

Michael P. Ibe, President

(Typed or printed name of signee)

Filing Fee: \$25.00