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LAURIE MERCHIOR SCOTT, LTD, LLC

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COVER LETTER

Division of	Corporations			
SUBJECT: _Laur	ie Merchior Scott, Ltd.	, L.L.C.		
		reign Limited Liability (Company)	-
Dear Sir or Madam:				
The enclosed withdr	awal and fee(s) are submitte	ed for filing.		
Please return all corr	espondence concerning this	s matter to the following	:	
Kashif Z. Sheikl	n			
	(Name of Person)			
Westbrook Par	tners			
	(Firm/Company)			
645 Madison A	venue, 18th Floor			
	(Address)			
New York, New	V York, 10022			
	(City/State and Zip Coo	le)		
For further informati	on concerning this matter, p	please call:		
Kashif Z. Sheik	h	at (212	849-8800	
(Na	ame 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 amount:			
□ \$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	S55 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

Laurie Merchior Scott, Ltd., L.L.C. (Name of limited liability company)
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
M0600000432
(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.
3300 PGA Boulevard, Suite 820 (Mailing address)
Palm Beach Gardens, FL 33410 (City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its malling address.
(Signature of member or authorized representative of a member)
Paul D. Kazilionis, Authorized Person
(Typed or printed name of signee)

Filing Fee: \$25.00