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Certified Copies	Certificates	s of Status		
Special Instructions to	Ciling Officer			
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

	gistration Section vision of Corporations		
SUBJECT	Ariel Capital Management,	LLC	
		reign Limited Liability C	ompany)
Dear Sir or	Madam:		
The enclose	ed withdrawal and fee(s) are submitt	ed for filing.	
Please retur	n all correspondence concerning thi	s matter to the following:	
Susan S	Schoenberger		
	(Name of Person)		
Ariel Ca	pital Management, LLC		
	(Firm/Company)	•	
200 Eas	t Randolph Drive, Suite 2	900	
	(Address)		
Chicago	, IL 60601		
	(City/State and Zip Co	de)	
For further	information concerning this matter,	please call:	
Susan S	Schoenberger	at (312)	612.2750
	(Name of Person)	(Area Code & I	Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	
Ta	61 Executive Center Circle Ilahassee, Florida 32301		ssee, Florida 32314
Enclosed is	a check for the following amount	:	
\$25 Filir	ng Fee \$\sqrt{\$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

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Ariel Capital Management, 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.
200 East Randolph Drive, Suite 2900 (Mailing address)
Chicago, IL 60601 (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)
Sheldon R. Stein, Vice President (Typed or printed name of signee) TALLARY OF STARY OF STAR

Filing Fee: \$25.00