Molocopo948

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

Office Use Only



300106483403

07/26/07--01044--022 **25.00

07 JUL 26 AM 3: 36

DIVISION OF COST CRATION

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Palm Group LLC (Name of Foreign Limited Liability Company)
Dear Sir or Madam:
The enclosed withdrawal and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cheryl Sherman (Name of Person)
The Palm Group LLC (Firm/Company)
130 Woodland Way (Address) Kent WA 98030 (City/State and Zip Code)
For further information concerning this matter, please call: Cheryl Sherman at (253) 520-3357 (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 amount:
\$25 Filing Fee \$25 Certificate of Status \$25 Filing Fee \$25 Certificate of Status \$25 Filing Fee \$25 Certificate of Status \$25 Certified Copy

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

The Falm Group LLC (Name of limited liability company)
Washington State (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.
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)
Cheryl Sherman (Typed or printed name of signee) Of JUL 26

Filing Fee: \$25.00