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(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	e #)
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DIVISION OF CAR JAMES 36

COVER LETTER

Division of Corporations
SUBJECT: Rangiroa + Associates 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)
Rangiroa + Associates LLC (Firm/Company)
730 Woodland Wag
City/State and Zip Code)
For further information concerning this matter, please call:
Cheryl Sherman at (253) 526-3357 (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 Certified Copy \$25

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

Rangiroa & Associates LLC (Name of limited liability company)	
Washing ton State (Jurisdiction of its organization)	
This limited liability company is no longer transacting business in Florida and surrender authority to transact business in this state.	rs its
This limited liability company revokes the authority of its registered agent to accept servicits behalf and appoints the Department of State as its agent for service of process based cause of action arising during the time it was authorized to transact business in Florida.	on a
_ 730 Woodland Way (Mailing address)	
Kent, WA 98030 (City/State/Zip)	
The limited liability company agrees to notify the Department of State in the future o change in its mailing address.	f any
(Signature of member or authorized representative of a member)	
(Typed or printed name of signee)	SECRETATION OF CO