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B. KOHR
JUN 2 5 2009

EXAMINER

FILED 09 JUN 24 AM 8: 55 SECRETARY OF STATE ALLAHASSEE, FLORID

CF 25.00

COVER LETTER

Division of Corporations	
SUBJECT: DESTINATIONS UNLIMITED, LLC	
(Name of Foreign Limited Liability Company)	- 00g
Dear Sir or Madam:	
The enclosed withdrawal and fee(s) are submitted for filing.	J.
Please return all correspondence concerning this matter to the following:	
	· OR
MELISSA GIBBS	•
(Name of Person)	
DESTINATIONS UNLIMITED, LLC	
(Firm/Company)	
801 S. RAMPART BLVD., SUITÉ 200	
(Address)	
LAS VEGAS, NEVADA 89145	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
MELISSA GIBBS at (_702) 967-5068	
(Name of Person) (Area Code & Daytime Telephone Number)	_
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section	
Division of Corporations Division of Corporations	
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314	
Tallahassee, Florida 32301	
Enclosed is a check for the following amount:	
\$25 Filing Fee \$\ \text{S30 Filing Fee & \text{S55 Filing Fee & \text{Certified Copy}}\$\$ Certified Copy \$\$ Certified Copy	

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

DESTINATIONS UNLIMITED, LLC
(Name of limited liability company)
To the second
NEVADA \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(Jurisdiction of its organization)
This limited liability company is no longer transacting business in Florida and surrenders as 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.
801 S. RAMPART BLVD., SUITE 200
(Mailing address)
LAS VEGAS, NEVADA 89145
(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)
KEVIN J. BLAIR, MANAGER
(Typed or printed name of signee)

Filing Fee: \$25.00