MD6000061323

(Requestor's Name)	-
(Address)	-
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	- ·
(Document Number)	-
Certified Copies Certificates of Status	

Special Instructions to Filing Officer:

A. LUNT

JAN 26 2010

EXAMINER

Office Use Only



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01/25/10--01042--002 **25.00

2010 JAN 25 PH 12: 3

COVEREETTER	
TO: Registration Section Division of Corporations	
SUBJECT: Foster FINANCIAL - (Name of Foreign Limited Liability Comp.	CCC
, <u> </u>	
Dear Sir or Madam:	
The enclosed withdrawal and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
MIKE FOSFER (Name of Person)	
(Name of Person)	2010 JAN 25 SECRETAR TALLAHASS
Foster Flygue 186-166	AR JA
Foster Finework C-LCC (Firm/Company)	O JAN 25 Lahasse
	SA U
3450 OLD WAShington Rd SUI	SEE. FLORIDA
WALOURF MD. 20602	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
MINO Faction al Zul	685-2220
(Name of Person) at (301) (Area Code & Daytin	me Telephone Number)
Clifton Building P.O. Box 63	Section Corporations
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy

FILED

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

(Name of limited liability company)
MARYLAND
(Jurisdiction of its organization)
This limited liability company is no longer transacting business in Florida and surrenders 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.
3450 OLD Washing to I Rd. 50, to PM 12:3
WALOCKT MD. 2060] (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)

Filing Fee: \$25.00

(Typed or printed name of signee)