

MOL000001555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

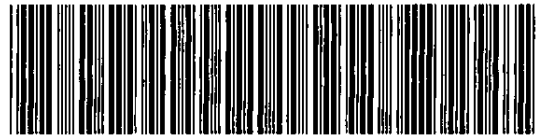
Special Instructions to Filing Officer:

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G. MCLEOD

MAR 19 2010

EXAMINER



300168469483

02/18/10--01006--013 **30.00

Withdraw
707

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR 18 AM 11:15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GRAYSTONE QUARTER HORSES LTD, 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:

TOM SHAPIRO
(Name of Person)

GRAYSTONE QUARTER HORSES
(Firm/Company)

5024 COLO PLUM
(Address)

SARASOTA, FL 34241
(City/State and Zip Code)

For further information concerning this matter, please call:

Tom Shapiro at (941) 809 8941
(Name of Person) (Area Code & Daytime Telephone Number)
TOM SHAPIRO

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 ☒ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

ALREADY PAID

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

GRAYSTONE QUARTER HORSES LTD, LLC
(Name of limited liability company)

OHIO
(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.

5024 COCO PLUM
(Mailing address)

SARASOTA FL 34241
(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.

Tom Shapiro
(Signature of member or authorized representative of a member)

TOM SHAPIRO
(Typed or printed name of signee)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR 18 AM 11:15

Filing Fee: \$25.00