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2000 JAN 23 PH 12: 2 SECRETARY OF STATE TALL CHASSEF, FLORID

COVER LETTER

r	FO: Registration S Division of C						
	SUBJECT: ASM	CONTRACTORS LLO	Limited Liability Company)				
I	Dear Sir or Madam:						
-	The enclosed withdray	/al and fee(s) are submitted for	filing.				
		pondence concerning this matt	•				
<u> </u>	DENISE MUL	Name of Person)	· · · · · · · · · · · · · · · · · · ·				
<u> </u>	ASM CONTRA	ACTORS LLC (Firm/Company)					
	20 LIVINGST	ON LANE (Address)					
<u>!</u>	LUMBERTON	I, NJ 08048-6210 (City/State and Zip Code)	······································				
ī	For further information	concerning this matter, please	call:				
	DENISE MUL	LARKEY	at (609) 267-2261				
_	(Nam	e of Person)	(Area Code & Daytime Telephone	Number) SEC	290		
	Registration S Division of Co Clifton Buildi	orporations ng ve Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 3231	RETARY OF	2000 JAN 23 PH 12: 2:		
ı	Enclosed is a check fo	r the following amount:			: 22		
G	\$25 Filing Fee [55 Filing Fee & S60 Filing Fee certified Copy Certificate of Certified Copy	e, Status &			
1/8/	10 B						
by to	e be Advis le STATE of da in 200	NS AND NO	LLC WAS disso	lued 8/13 ducted in	5/07		

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

ASM CNTRACTORS LLC	
(Name of limited liability company)	***************************************
NEW JERSEY	
(Jurisdiction of its organization)	
This limited liability company is no longer transacting business in Florid authority to transact business in this state.	a and surrenders its
This limited liability company revokes the authority of its registered agent its behalf and appoints the Department of State as its agent for service of cause of action arising during the time it was authorized to transact business	to accept service on process based on a in Florida.
20 LIVINGSTON LANE (Mailing address)	
LUMBERTON, NJ 08048-6210 (City/State/Zip)	
The limited liability company agrees to notify the Department of State i change in its mailing address.	in the future of any
(Signature of member or authorized representative of a member) DENISE MULLARKEY (Typed or printed name of signee)	ZOOB JAN 23 PH 12: 22 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Filing Fee: \$25.00