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DIVISION OF CORPORATIONS
08 MAR 27 PH 2: 12

J. BRYAN

MAR 2 8 2008

EXAMINER

COVER LETTER

PO: Registration Section Division of Corporations
SUBJECT: WENDY 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:
Jeffery L Poppe (Name of Person)
WENDY LLC (Firm/Company)
5710 W. MERCER WAY (Address)
MERCER IS LAND WA 98040 (City/State and Zip Code)
For further information concerning this matter, please call:
Jeffery L Poppe at (206) 579-4556 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (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 \$\ \times \text{S55 Filing Fee & Certificate of Status} \text{Certified Copy} \text{S60 Filing Fee, Certificate of Status & Certified Copy} \text{Certified Copy}

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

WENDY LLC		
(Name of limited liability company)		
(Jurisdiction of its organization)		
(Junistiction of its organization)		
This limited liability company is no longer transacting business in Florida and surauthority to transact business in this state.	render	s its
This limited liability company revokes the authority of its registered agent to accept its behalf and appoints the Department of State as its agent for service of process cause of action arising during the time it was authorized to transact business in Florida.	service based o	on on a
5710 W. MERCER WAY (Mailing address)		
MERCER ISLAND WA 98040 (City/State/Zip)		. · .
The limited liability company agrees to notify the Department of State in the fut change in its mailing address.	ure of	any
(Signature of member or authorized representative of a member)		
TEFFERY L POPPE	08 MAR 2	950 035
(Typed or printed name of signee)	R	SA
	27	CZ
	-17	200

Filing Fee: \$25.00