

M06000002581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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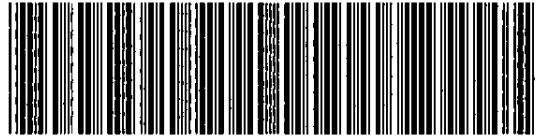
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 FEB 22 AM 10:55

B. KOHR

FEB 23 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Road-Rite, 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:

Tim Roberts

(Name of Person)

Road-Rite, LLC

(Firm/Company)

3759 31st St SE

(Address)

St Cloud MN 56304

(City/State and Zip Code)

For further information concerning this matter, please call:

Elaine Linz

(Name of Person)

at (320) 202-6950

(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

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 FEB 22 AM 10:56

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

Road-Rite, LLC

(Name of limited liability company)

1799 State Rd 559, Polk City, FL 33868

(Jurisdiction of its organization)

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10 FEB 22 AM 10:56

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.

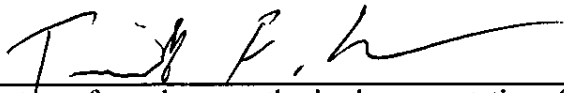
3759 31st St SE

(Mailing address)

St Cloud MN 56304

(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)

Timothy F. Roberts

(Typed or printed name of signee)

Filing Fee: \$25.00