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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: DLM + ASSOCIATES 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:		
Ellen McCarthy (Name of Person)		
Mahoney + Associates (Firm/Company)		
One Monarch Place, Ste 1840 (Address)		
Springfield MA 01144 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Filen McCarthy at (413 ) 788-7303, ext. 3/7 (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 & Certificate of Status □ \$55 Filing Fee & Certified Copy Certified Copy Certified Copy		

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

DLM & Associates, LLC (Name of limited liability company)	
Delaware (Jurisdiction of its organization)	
M0600002638	
(Florida Document Number)	
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 in the company revokes the authority of its registered agent to accept service on a cause of action arising during the time it was authorized to transact business in Florida in the 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 in the company revokes the authority of its registered agent to accept service on a cause of action arising during the time it was authorized to transact business in Florida in the company revokes the authorized to transact business in Florida in the company revokes the company revokes the authorized to transact business in Florida in the company revokes the company revokes the company revokes the authorized to transact business in Florida in the company revokes the company rev	
Mailing address)	TIT
Springfield, MA 01144 Springfield, MA 01144 (City/State/Zip)	C
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.	
Shaha	
(Signature of member or authorized representative of a member)	
Doreen L. Mahoney	
(Typed or printed name of signee)	

Filing Fee: \$25.00