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OVISION OF CORPORATIONS

B. Tadlock JAN 2 9 2008

COVER LETTER

Registration Section Division of Corporations		
Division of Corporations		
SUBJECT: Togo's Franchising LLC		
	ign 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:	
Audrey E. Holmes		
(Name of Person)		
Togo's Franchising LLC		
(Firm/Company)		
Legal Dept. 3 East A, 130 Royall Street		
(Address)		
Canton, MA 02021	,	
(City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
For further information concerning this matter, pl	ease call:	
Audrey E. Holmes	at (781) 737-3511	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section Division of Corporations	
Division of Corporations	P.O. Box 6327	
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301	Tananassee, Tiorida 32314	
Enclosed is a check for the following amount:		
\$25 Filing Fee \$30 Filing Fee &	\$55 Filing Fee & \$60 Filing Fee,	
Certificate of Status	Certified Copy Certificate of Status & Certified Copy	

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

(Name of	limited liability company)	
(Jurisdie	ction of its organization)	
d liability company is no long transact business in this state.	ger transacting business in Fl	orida and surrenders its
d liability company revokes the dappoints the Department o ion arising during the time it w	e authority of its registered ago of State as its agent for service was authorized to transact busing	gent to accept service on e of process based on a less in Florida.
· · · · · · · · · · · · · · · · · · ·		
(M	failing address)	
Canton, MA 02021		
(0	City/State/Zip)	
of member of authorized repres		OF JAN 28 PH 1:5
	d liability company is no lone transact business in this state. d liability company revokes the did appoints the Department of the distribution arising during the time it with the distribution arising during the time it with the distribution, MA 02021 Canton, MA 02021	(City/State/Zip) I liability company agrees to notify the Department of States mailing address. Of member of authorized representative of a member)

Filing Fee: \$25.00