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| (Re                     | equestor's Name)   |                                       |
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| ☐ PICK-UP               | MAIT               | MAIL                                  |
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| Certified Copies        | Cortificator       | - of Status                           |
| Certified Copies        | _ Certificates     | S OF Status                           |
|                         |                    |                                       |
| Special Instructions to | Filing Officer     |                                       |
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## **COVER LETTER**

Registration Section

| Division of Corporations                              |   |
|---|---|
| SUBJECT: Strategie Sales Page (Name of Foreign        | thers, LLC  |
| (Name of Foreign                                      | Limited Liability Company)                            |
| Dear Sir or Madam:                                    |   |
| The enclosed withdrawal and fee(s) are submitted fo   | r filing.   |
| Please return all correspondence concerning this mat  |   |
| Trease return an correspondence concerning this man   | to the following.                                     |
| Lance Ream (Name of Person)                           |   |
| (Name of Person)                                      |   |
|   |   |
| EJB WOOLD Trade (Firm/Company)                        |   |
| (Firm/Company)  |   |
|   |   |
| (Address)   | ite C   |
| (Address)   |   |
| Charlotte, NC 28207 (City/State and Zip Code)         |   |
| (City/State and Zip Code)                             |   |
| For further information concerning this matter, pleas | e call:   |
| Lance Beam  | at 704 \ 897-6709                                     |
| (Name of Person)                                      | (Area Code & Daytime Telephone Number)                |
|   |   |
| STREET/COURIER ADDRESS: Registration Section          | MAILING ADDRESS: Registration Section                 |
| Division of Corporations                              | Division of Corporations                              |
| Clifton Building                                      | P.O. Box 6327   |
| 2661 Executive Center Circle                          | Tallahassee, Florida 32314                            |
| Tallahassee, Florida 32301                            |   |
| Enclosed is a check for the following amount:         |   |
|   | \$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

| Strategie Sales Partners, LLC (Name of limited liability company)   |   |
|---|---|
| (Name of limited liability company)   |   |
| North Carelina  |   |
| North Carelina (Jurisdiction of its organization)   |   |
| This limited liability company is no longer transacting business in Florida authority to transact business in this state.   | and surrenders its                                      |
| This limited liability company revokes the authority of its registered agent to its behalf and appoints the Department of State as its agent for service of preause of action arising during the time it was authorized to transact business in | accept service on<br>rocess based on a<br>Florida.      |
| SIG Feston Place Soite C (Mailing address)  |   |
| (g 223.355)   |   |
| Charlotte, NC 28207 (City/State/Zip)  |   |
| (City/State/Zip)  | <del></del>   |
| The limited liability company agrees to notify the Department of State in change in its mailing address.  | the future of any                                       |
| (Signature of member or authorized representative of a member)  | 09<br>AL:   |
|   | O9 DEC 30 AM IO: 4  JURE 1948 Y OF STA ALLAHASSEE, FLOR |
| Lance A Ream  | AS S  |
| (Typed or printed name of signee)   | 1.1.2   |
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|   | AM O. L<br>OF STAI<br>E. FLORE                          |
|   | 24 <b>5</b>   |

Filing Fee: \$25.00