

MOL000003030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

AUG 30 2011

EXAMINER



000211288060

08/29/11--01012--018 **30.00

FILED
TH AUG 29 PM 3:59
CLERK OF COURT
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elite Specialty Finance 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:

Donna Carras
(Name of Person)

Elite Brokerage Services
(Firm/Company)

191 Sherwood Blvd Suite 200
(Address)

Exton PA 19341
(City/State and Zip Code)

For further information concerning this matter, please call:

Donna Carras at (610) 280-4307
(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

☒ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

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

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

Elite Specialty Finance LLC

(Name of limited liability company)

Pennsylvania

(Jurisdiction of its organization)

M-06 000003030

(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.

91 Shore Blvd Suite 200

(Mailing address)

Exton PA 19341

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.

Ch. Naylor

(Signature of member or authorized representative of a member)

Christopher Naylor

(Typed or printed name of signee)

Filing Fee: \$25.00

FILED
17 AUG 29 PM 3:59
DEPARTMENT OF STATE
FLORIDA