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C. LEWIS

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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Darasota Somestments LLC (Name of Foreign Limited Liability Company)		
. (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:		
Mary G. Hart (Name of Person)		
(Firm/Company)		
4656 East Lake Circle (Address) Sarasota FL 34232 (City/State and Zip Code)		
For further information concerning this matter, please call: Mary J. Hart at (941) 536-4290 (Name of Person) (Area Code & Daytime Telephone Number)		
(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 \$\bigcup \\$30 Filing Fee & \bigcup \\$55 Filing Fee & \bigcup \\$60 Filing Fee, Certificate of Status & Certified Copy Certified Copy		

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

Sarasota Sovestments LLC (Name of limited liability company)
(Name of limited liability company)
State of Newada MO600000313.
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.
4656 East Zake Circle (Mailing address)
Sarasota F2 34232 (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)
Mary G. Hart (Typed or printed name of signee)
(r yped of printed name of signer)

Filing Fee: \$25.00