## M06000003231

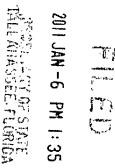
| (Re                                     | equestor's Name)  |              |  |  |
|---|-------------------|--------------|--|--|
| (Ad                                     | ldress)           |              |  |  |
| (Ad                                     | ldress)           |              |  |  |
| (Cit                                    | y/State/Zip/Phone | <i>∍ #</i> ) |  |  |
| PICK-UP                                 | WAIT              | MAIL         |  |  |
| (Bu                                     | siness Entity Nar | ne)          |  |  |
| (Do                                     | cument Number)    |              |  |  |
| Certified Copies                        | _ Certificates    | of Status    |  |  |
| Special Instructions to Filing Officer: |                   |              |  |  |
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J. SAULSBERRY EXAMINER

JAN 7 2011

## **COVER LETTER**

| TO:  | Registration<br>Division of | n Section<br>Corporations   |                                 |   |  |                |
|--|-----------------------------|---|---------------------------------|---|--|----------------|
| SUBJE  | ст: <u>Ж</u>                | Yandywyne<br>(Name of Foi   | eign Limited Liability          | Company)  |  | _              |
| Dear Sir   | or Madam:                   |   |                                 |   |  |                |
| The encl   | losed withdr                | awal and fee(s) are submitte  | ed for filing.                  |   |  |                |
| Please re  | eturn all corr              | respondence concerning this   | matter to the following         | g:  |  |                |
| Pe   | eri H                       | Janus<br>Janus of Person)   |                                 | -   |  |                |
| Br   | andy                        | /WYNC, LLC<br>V(Firm/Company)   |                                 | -   | FOR                                      | 2011 JAN -6    |
| 85   | Over                        | WII Road (Address)  |                                 | -   | 01 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | - <del>0</del> |
| Bal  | a G                         | MUUD PA 1 (City/State and Zip Cod   | 9004<br>le)                     | -   |  | l I: 35        |
| For furth  | ner informati               | on concerning this matter, p  | olease call:                    |   |  |                |
| Per  | ri Hi                       | AGLUS<br>ante of Person)  | at (610                         | , <u>420 -553</u> 5   |  | _              |
|  | (N                          | ame 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 |                                 |   |  |                |
| Enclose  | d is a check                | for the following amount:   |                                 |   |  |                |
| <b>∮</b> \$25 F  | iling Fee                   | ■ \$30 Filing Fee &<br>Certificate of Status  | S55 Filing Fee & Certified Copy | ■ \$60 Filing Fee,<br>Certificate of Status<br>Certified Copy | &  |                |

E CONTRACTOR OF THE PERSON OF

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

| Landinas, LIC   |  |
|---|--|
| (Name of limited liability company)   |  |
| Delaware  |  |
| (Jurisdiction of its organization)  |  |
| M06000003231  |  |
| (Florida Document Number)   |  |
| This limited liability company is no longer transacting business in Floric authority to transact business in this state.  | la and surrenders its  |
| This limited liability company revokes the authority of its registered agent its behalf and appoints the Department of State as its agent for service of cause of action arising during the time it was authorized to transact business | to accept service on f process based on a in Florida.  |
| 85 Overhill Road  |  |
| (Mailing address)   |  |
| Bala Cynwyd, PA 19004<br>(City/State/Zip)   |  |
| (City/State/24p)  |  |
| The limited liability company agrees to notify the Department of State change in its mailing address.   | in the future of any   |
|   |  |
| the Higgins   | 7. 2   |
| (Signature of member or authorized representative of a member)  |  |
| PERI HIGGINS  | A TO   |
| (Typed or printed name of signee)   |  |
|   |  |
|   | The Contract of the Contract o |
|   | I: 35  |

Filing Fee: \$25.00