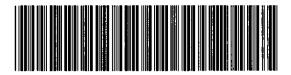
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JAN 19 2010
EXAMINER

SECRETARY OF SIMILAND SECRETARY OF SIMILAND

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COVER LETTER

		VER LEITER			
TO: Registration Section Division of Corporation					
SUBJECT: Xact Impa	ct Natural Pest M	lanagement LLC			
		eign Limited Liability (Company)		
Dear Sir or Madam:				:	
The enclosed withdrawal a	und fee(s) are submitte	d for filing.			
Please return all correspon	dence concerning this	matter to the following			
Jonina Missauff Dut	·i.a				
Jenine Winesuff Rut	(Name of Person)				
	(Firm/Company)				
8424 Brittany Place	(Address)				
Niwot, Colorado 805			•		
NIWOL, COIDIAGO 805	(City/State and Zip Cod	e)			
For further information co	ncerning this matter, p	olease call:			
Jenine Rubin		at (_303	652-0557		
(Name of	f Person)	(Area Code &	Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building		Regist Divisi P.O. E	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		ن ن اور در دران
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301			may	٠٠,٠	
Enclosed is a check for t	he following amount:	1		ر خ اش ت در <u>شم</u>	
	\$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status &	I: 26 STATE SRIDA	

Certified Copy

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

Xact Impact Natural Pest Management LLC		1.
(Name of limited liability company)		
Colorado		
(Jurisdiction of its organization)		٠,
This limited liability company is no longer transacting business in Florida and authority to transact business in this state. This limited liability company revokes the authority of its registered agent to accide behalf and appoints the Department of State as its agent for service of procedures of action arising during the time it was authorized to transact business in Florida.		
8424 Brittany Place		
(Mailing address)		
Niwot, Colorado 80503		
(City/State/Zip)		
The limited liability company agrees to notify the Department of State in the change in its mailing address. (Signature of member or authorized representative of a member)	future	of any
Jenine Winesuff Rubin		
(Typed or printed name of signee)	SEGNETARY DI	2009 DEC 31 P

Filing Fee: \$25.00