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Special Instructions	s to Filing Officer	
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Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON FEB 1 3 2009

EXAMINER

## **COVER LETTER**

TO:

TO:	Registration Section Division of Corporations		
SUBJE			
	(Name of Fo	oreign Limited Liability	Company)
Dear Si	or Madam:		
The enc	losed withdrawal and fee(s) are submitt	ted for filing.	
Please r	eturn all correspondence concerning thi	is matter to the following	g:
NICO	LE C BROYLES, CPA		` -
	(Name of Person)		
BROY	LES CPA, LLC		
	(Firm/Company)		-
РО В	OX 201		_
	(Address)		
NEW	CASTLE, IN 47362		
	(City/State and Zip Co	ode)	
For furt	ner information concerning this matter,	please call:	
NICO	LE C BROYLES	at ( 765	529-5200
	(Name of Person)		Daytime Telephone Number)
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regis Divis: P.O. I Tallal	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, Florida 32314
	d is a check for the following amount filing Fee \$\bigsim \$30\$ Filing Fee & Certificate of Status	t:  \$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

(Name of limited liability company)
INDIANA
(Jurisdiction of its organization)
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.
PO BOX 36
(Mailing address)
WILKINSON, IN 46186
(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)
LINCOLN A CHAPPLE
(Typed or printed name of signee)

Filing Fee: \$25.00

SECRETARY OF STATE DIVISION OF CORPORATIONS