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(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:
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T. HAMPTON MAY 2 8 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: L.Ost-Silver Lakes LLC	
	ited Liability Company)
Dear Sir or Madam:	
The enclosed withdrawal and fee(s) are submitted for filing	ıg.
Please return all correspondence concerning this matter to	the following:
Leonard Ost	<u> </u>
(Name of Person)	
L.Ost-Silver Lakes LLC	
(Firm/Company)	
1035 Road 8-1/2	
(Address)	
Powell, WY 82435	
(City/State and Zip Code)	
For further information concerning this matter, please cal	l:
Tracy J. Copenhaver, attorney (Name of Person) at	(307) 754-2276 (Area Code & Daytime Telephone Number)
(Mattie of Felson)	(Trea code de Baytime Pelephone Planteer)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
	Filing Fee & \$60 Filing Fee,
Certificate of Status Certi	fied Copy Certificate of Status & Certified Copy

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

L.Ost-Silver Lakes LLC
(Name of limited liability company)
Delaware
(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.
1035 Road 8-1/2 (Mailing address)
Powell, WY 82435 (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)
Leonard Ost
(Typed or printed name of signee)

Filing Fee: \$25.00

SECRETARY OF STATE DIVISION OF CORPORATIONS