M06000004834

(Requestor's Name)
(Address)
(Address)
(Address)
(2) (2) (3)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 19 PM 3:

T. HAMPTON

MAY 2 0 2008

EXAMINER

COVER LETTER

то:	Registration Section Division of Corporations		
SUBJE	ECT: Brothers Pizza, LLC	•	
	(Name of F	oreign Limited Liability (Company)
Dear Si	ir or Mad am :		
The en	closed withdrawal and fee(s) are submit	ted for filing.	
Please	return all correspondence concerning th	is matter to the following	;
			,
Melis	ssa A. Ledbetter		
	(Name of Person)		
_			
Sumi	mers, Compton, Wells & Han	nburg	
	(Firm/Company)		
8909	Ladue Ro ad		
0000	(Address)		
St. Lo	ouis, MO 63124	- 1-)	
	(City/State and Zip Co	ode)	
For furt	ther information concerning this matter,	please call:	
Melis	ssa A. Led better	at (314	991-4999
	(Name of Person)		Daytime Telephone Number)
	·		
	STREET/COURIER ADDRESS:		ING ADDRESS:
	Registration Section		ration Section
	Division of Corporations Clifton Building		on of Corporations ox 6327
	2661 Executive Center Circle		assee, Florida 32314
	Tallahassee, Florida 32301		
Enclose	ed is a check for the following amoun	t:	
\$25	Filing Fee S30 Filing Fee &	\$55 Filing Fee &	S60 Filing Fee,
	Certificate of Status	Certified Copy	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))
Misso uri		
	(Jurisdiction of its organization)	
\	• •	
This limited liability con uthority to transact busin	npany is no longer transacting business in this state.	ness in Florida and surrenders its
his limited liability com s behalf and appoints th use of action arising dur	pany revokes the authority of its rence Department of State as its agent ring the time it was authorized to train	gistered agent to accept service on for service of process based on a asact business in Florida.
	•	
12444 Powe	erscourt Drive, Suite 170	
12444 Powe	erscourt Drive, Suite 170 (Mailing address)	
12444 Powe		
12444 Powe St. Louis, MO	(Mailing address)	

(Signature of member or authorized representative of a member)

Richard L. Winter, Manager

(Typed or printed name of signee)

AY 19 PN 3

Filing Fee: \$25.00