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PALLAHASSEE, FLORIDA



COVER LETTER

TO: Registration Section Division of Corporations		r.			
SUBJECT: Dorm Grocer, LLC					
(Name of Fo	reign Limited Liabili	ty Company)			
Dear Sir or Madam:					
The enclosed withdrawal and fee(s) are submitted	ed for filing.				
Please return all correspondence concerning this	s matter to the follow	ing:			
Christopher Bennett					
(Name of Person)		_			
(Firm/Company)					
(Firm/Company)					
3507 Rugby Road					
(Address)					
Durham, NC 27707		_			
(City/State and Zip Coo	de)				
For further information concerning this matter,	please call:		TAL	07	
Christopher Bennett	at (919	949-5343		DEC 2	
(Name of Person)		& Daytime Telephone Number)	VSSE	9)	ľ
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		OF STATE E. FLORIDA	PM 3: 23	
Enclosed is a check for the following amount:	•				
\$25 Filing Fee \$25 Certificate of Status	\$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

Dorm Grocer, LLC
(Name of limited liability company)
State of Rhode Island and Providence Plantations
(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.
3507 Rugby Road
(Mailing address)
Durham, NC 27707 (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)
Christopher Bennett 27
(Typed or printed name of signee) ORE TABLE STATE AHASSEE FLORID

Filing Fee: \$25.00