

MUG000004891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

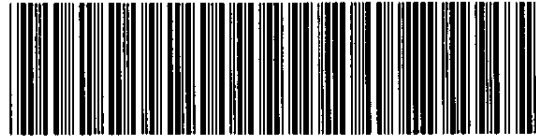
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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11 MAY -4 AM 8:06

B. KOHR

MAY - 5 2011

EXAMINER

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302  
155 Office Plaza Dr Ste A Tallahassee FL 32301  
PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE: 05-04-2011**

**NAME: CLARK WESTERN DESIGN, LLC**

**TYPE OF FILING: WITHDRAWAL**

**COST: \$55**

**RETURN: CERTIFIED COPY**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Abbie Hodge*

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Clark Western Design, LLC  
(Name of Foreign Limited Liability Company)

FILED  
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DIVISION OF CORPORATIONS  
11 MAY - 4 AM 8:06

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Capitol Services Corporate Filings Team  
(Name of Person)

Capitol Services Inc.  
(Firm/Company)

800 Brazos, Suite 400  
(Address)

Austin, Texas 78701  
(City/State and Zip Code)

For further information concerning this matter, please call:

Geneva Sorensen at ( 800 ) 345-4647  
(Name of Person) (Area Code & Daytime Telephone Number)

**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

Enclosed is a check for the following amount:

- \$25 Filing Fee     \$30 Filing Fee & 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**

Clark Western Design, LLC  
(Name of limited liability company)

Georgia  
(Jurisdiction of its organization)

M06000004891  
(Florida Document Number)

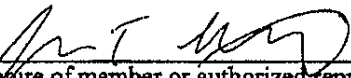
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

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.

9100 Centre Pointe Drive, Suite 210  
(Mailing Address)

West Chester                      OH      45069  
(City)                                      (State)      (Zip Code)

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)

John T. Skattery  
(Typed or printed name of signee)

**Filing Fee: \$25.00**

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