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(Re	equestor's Name)			
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PICK-UP	WAIT MAIL			
(Ri	usiness Entity Name)			
(50	usiness Endry Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to	Filing Officer:			

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OF IIII 18 PH 3: 57

J. BRYAN

JUL 2 1 2008

EXAMINER

COVER LETTER

TO: Registration Division of	n Section Corporations			
SUBJECT:	NALL SOLUT	TIONS SUF	Company)	
•	(Name of Fo	reign Limited Liability	Company)	
Dear Sir or Madam:				
The enclosed withdr	rawal and fee(s) are submitt	ed for filing.		
Please return all corn	respondence concerning this	s matter to the following	ā:	
IULIA	FILIP (Name of Person)		_	_ <u></u>
	(Name of Person)			08 JI
WALL S	OLUTIONS (Firm/Company)	SUPPLY 1	-L C	08 JUL 18 PH 3: 57
	(Address)			بن بن
RIDGEL	(City/State and Zip Co	, 29936 de)	-	
For further informat	ion concerning this matter,	please call:		
IULIA (N	FILIP ame of Person)	at (<u>843</u> (Area Code &	Daytime Telephone Number)	
Registration Division of Clifton Bui 2661 Exect	Corporations	Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, 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

(Name of limited liability company)
SOUTH CAROLINA
(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.
452 BROWN'S COVE RD. # 7 (Mailing address)
(Mailing address)
RIDGELAND SC 29936 (City/State/Zip)
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
ille 1
(Signature of member or authorized representative of a member)
OVIDIU M. FILIP
(Typed or printed name of signee)

Filing Fee: \$25.00