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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: KMPIRE GLOBAL MAA SERVICES, LLC (Name of Foreign Limited Liability Company)
Dear Sir or Madam:
The enclosed withdrawal and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Milton RARDAROSH (Name of Person)
KMPIRE GOBAL MAA Services, Light 5
21218 Sp. ANDREWS PLVD. #417
Bock PAYON FL 33432 (City/State and Zip Code)
For further information experiments this matter, please call: Milton BARBAROSH at 56/ 843-5757
(Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tailahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
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\$25 Filing Fee \$\bigve{V}\$30 Filing Fee & \$\bigve{S}\$55 Filing Fee & \$\bigve{S}\$60 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

KMPIRE ChoBAL MAA Scervices LC
(Name of limited liability company)
(Jurisdiction of its organization)
This limited liability company is no longer transacting business in Florida and surreinters 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 of a cause of action arising during the time it was authorized to transact business in Florida.
cause of action arising during the time it was authorized to transact business in Florida. All St. Al
ROCA RATION SZ 33433
(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)
(Typed or printed name of signee)

Filing Fee: \$25.00