## M06000005766

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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03/24/08--01022--008 \*\*25.00

SECRETARY OF STATE DIVISION OF CORPORATION

Office Use Only

T. HAMPTON

MAR 2 5 2008

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJE	CT: Orleans Abstract Company		
	(Name of For	reign Limited Liability Company)	
Dear Si	r or Madam:		
The enc	losed withdrawal and fee(s) are submitte	ed for filing.	
Please r	eturn all correspondence concerning this	s matter to the following:	
Frank	c D. Violi	<del></del>	
	(Name of Person)		
Pioneer Agency Acquisition Company			
	(Firm/Company)		
620 F	reedom Business Center Dr	rive, 4th Floor	
	(Addiess)		
King o	of Prussia, PA 19406		
	(City/State and Zip Cod	de)	
For furt	her information concerning this matter, p	please call:	
Shei	la Kinka	at ( 610 ) 265-2464	
	(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	
Enclose	d is a check for the following amount:	:	
<b>√</b> \$25 F	Filing Fee \$\sum \text{S30 Filing Fee & Certificate of Status}	S55 Filing Fee & S60 Filing Fee, Certified Copy Certificate of Status & Certified Copy	

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

Orleans Abstract Company, LLC
(Name of limited liability company)
Pennsylvania
(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.
620 Freedom Business Center Drive, 4th Floor (Mailing address)
King of Prussia, PA 19406 (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)
Frank D. Violi
(Typed or printed name of signee)

Filing Fee: \$25.00