## M060000005859

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J. SAULSBERRY EXAMINER MAR 1 0 2011

## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: MRS OF (Name of Forei	HILTON ign Limited Liability (				
Dear Sir or Madam:					
The enclosed withdrawal and fee(s) are submitted	for filing.				
Please return all correspondence concerning this n	natter to the following	:			
LINDA L. R	) EW				
(Name of Person)					
(Firm/Company)					
124 CROSSTREE (Address)	Dr.		II.	. 21	
(Address)			ř.CR LLA	=	resting p
14. Hon Head Island (City/State and Zip Code)	5C 29°	726	E.TAR HASS	2011 MAR -8	
(City/State and Zip Code)	l		E Y		T
For further information concerning this matter, ple	ease call:		STATE CORID	PM 1:36	1
LINDA L. REW (Name of Person)	at (843)	384-2102		36	
(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 Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:					
\ <u></u>	S55 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

MRS OF HILTON HEAD LLC
(Name of limited liability company)
(Jurisdiction of its organization)
M06000005859
(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.
124 CROSSTREE DR. (Mailing address)
Hilton Head Island SC 29926 (City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
Linds & Rew ALLAN
(Signature of member or authorized representative of a member)
LINDA L. REW
(Typed or printed name of signee)
Se de la companya de

Filing Fee: \$25.00