M0600006625

(Requestor's Name)
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(Address)
,
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(Business Entity Name)
(Document Number)
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C. LEWIS

DEC 6 2011

EXAMINER

COVER LETTER

LLC

TO:

TO: Registratio	n Section f Corporations		
SUBJECT:	Name of Fo	AUZAUZS preign Limited Liability	NORTH CEWTER Company)
Dear Sir or Madam:			
The enclosed withdi	rawal and fee(s) are submitt	ed for filing.	
Please return all cor	respondence concerning thi	s matter to the following).).
SHAR	ON HOLL A (Name of Person)	N.13	
HOLLA	ing - Ausin	125 NO1271	CENTER LLC
The second district	(Address) (Address) AU H (City/State and Zip Contion concerning this matter,	CA 950	37
SHARO	N HOLLAIVA	at (\(\hat{A}\)\(\hat{OP}\) (Area Code &	Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314		ration Section on of Corporations ox 6327	
Enclosed is a check	for the following amount:	:	•
\$25 Filing Fee	■ \$30 Filing Fee & Certificate of Status	D \$55 Filing Fee & Certified Copy	■ \$60 Filing Fee, Certificate of Status & Certified Copy
		,	You will be a fine of the control of

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

HOLLANS - AUENUES NORTH CENTAL LLC (Name of limited liability company)
DE LAUALE (Jurisdiction of its organization)
M060000 6025 (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.
3201 Quail Lanz (Mailing address)
Morgan Hice CA 95037 (City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
Mario Hollars
(Signature of member or authorized representative of a member)
SHARON HOLLAND (Typed or printed name of signee) ASSEE TO THE TO THE TOTAL TO

Filing Fee: \$25.00