## M06000006256

(Requestor's Name)	_
(Address)	
	_
(Address)	
(City/Chata/Tip/Dhana #)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
Certified Copies Certificates of Status	_
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Special Instructions to Filing Officer:	
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2009 MAY -1 PM 2: 21
SECRETARY OF STATE

C. LEWIS

MAY - 4 2009

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Sirius Wellness 4.C.
(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:
SEYMOUR KURTZER (Name of Person)
(Name of Person)
Sirius Wellness, LLC (Firm/Company)
(Firm/Company)
14521 SUNNY WATERS LANE (Address)
DELRAY BEACH, FL. 33484  (City/State and Zip Code)
For further information concerning this matter, please call:  Seymour Kultur at (56/) 498 0274  (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301
Enclosed is a check for the following amount:
\$25 Filing Fee \$\ \tag{S55 Filing Fee & Certified Copy} \\ \tag{S60 Filing Fee, Certified Copy} \\ \tag{Certified Copy} \\ \ta

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

SIRIUS WELLNESS LLC (Name of limited liability company)	_
` · · · ·	
MD600006256  (Jurisdiction of its organization)	-
This limited liability company is no longer transacting business in Florida and surrenders in authority to transact business in this state.	:S
This limited liability company revokes the authority of its registered agent to accept service of its behalf and appoints the Department of State as its agent for service of process based on cause of action arising during the time it was authorized to transact business in Florida.	n a
14521 SURNY WATERS LANCE (Mayling address)	
Delkhy Bet, FL. 33484 (City/State/Zip)	
The limited liability company agrees to notify the Department of State in the future of an change in its mailing address.	у
Signature of member or authorized representative of a member)	
SEYMOUR KURTTER	
(Typed or printed name of signee)  SECRETARY OF TALLAHASSEE, PA	FILE
OF STATE E. FLORING	, 0

Filing Fee: \$25.00