

| (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: |
| |
| |
| |

Office Use Only



500149851185

04/15/09--01014--007 **25.00

FILED

09 APR 15 AM II: 15

SECRETARY OF STATE
ALL AHASSEF, FLORIDA

D. BRUCE

APR 16 2009

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|----------|
| SUBJECT: SAK POSE PARTNERS, 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: | |
| Seth Monegis (Name of Person) | |
| SAK DASE PARTNERS, LLC. (Firm/Company) FIRE TO SERVERS | |
| miami BEOCh. FL 38139 | |
| Migmi Reach, To 38189 Par (City/State and Zip Code) | <u>,</u> |
| For further information concerning this matter, please call: | |
| MEIISSO VICIO at (305) 371 - 0077 (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 | |
| Enclosed is a check for the following amount: | |
| \$25 Filing Fee \$\sum \\$30 Filing Fee & \sum \\$55 Filing Fee & \sum \\$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

| SAK PASE PARTNERS, LLC (Name of limited liability company) |
|---|
| Dela COUNTY (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. |
| 1000 South Pointe Drive, 1604 (Mailing address) |
| miami Beach Fi 38139 (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) |
| sein kanenis |
| (Typed or printed name of signee) |

Filing Fee: \$25.00