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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations		÷
SUBJECT: TRADITIONS A	UANAGEMENT OF ALAX- ign Limited Liability Company)	BAMA, LLC
(Maine of Pote)	igh Limited Liability Company)	
Dear Sir or Madam:		
The enclosed withdrawal and fee(s) are submitted	for filing.	
Please return all correspondence concerning this m	natter to the following:	
BENJAMIN ATK	INS	
(Name of Person)		27 Mg
TRADITIONS MAN	JAESMENT	TAUG -3 AH 10: 53
(Firm/Company)		EE, F
1022 MAIN ST (Address) DUNEDIN FZ	STE H	STATE STATE
DUNESIN FZ	3 <i>469</i> Z	
(City/State and Zip Code)		
For further information concerning this matter, ple	ease call:	
BEN ATKINS (Name of Person)	at (727) 723 3000 (Area Code & Daytime Telephone Number)	
(Maile of Follows)	(Table Code & Daytime Telephone (Validet)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
\$25 Filing Fee \$30 Filing Fee \$ Certificate of Status	\$55 Filing Fee & \$\ \tag{\$60 Filing Fee,} \\ \text{Certificate of Status & } \\ \text{Certified Copy}\$	

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

TRADITIONS MANAGEMENT OF ACABAMA LLC		
(Name of limited liability company)		
STATE OF VIRGINIA		
(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.		
1011 MAIN ST STEH (Mailing address)		
(waiting address)		
AUNSDIN FL 34697 (City/State/Zip)		
(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)		
R3. I ATLINE MCD		

Filing Fee: \$25.00

(Typed or printed name of signce)