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DIVISION OF CORPORATIONS

B. KOHR SEP 1 0 2009

**EXAMINER** 

## **COVER LETTER**

Division of Corporations	
SUBJECT: Management by Winston LLC (Name of Foreign Limited Liability Company)	_
Dear Sir or Madam:	
The enclosed withdrawal and fee(s) are submitted for filing.	3
Please return all correspondence concerning this matter to the following:	ng SLT
6. Hardey Sy Vies (Name of Person)	`
Common Sense Holdinge LLC (Firm/Company)	
140 NE MIAM: GARDENS DEIVE #200 (Address)	
Miami FZ 33179 (City/State and Zip Code)	
For further information concerning this matter, please call:	
6 Hareley Sy Vies at (305) 948-1700 (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 P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:	
\$25 Filing Fee \$\ \tag{\$55 Filing Fee & \$\ \tag{\$60 Filing Fee, }\\ \tag{\$certificate of Status}\$\$ Certified Copy \$\ \tag{\$certified Copy}\$\$	

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

Management by Winston LLC (Name of limited liability company)
(Name of limited liability company)
Management by Winston LLC (Name of limited liability company)  Miani Dao E (Jurisdiction of its organization)
(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.
1400 NE Miani LARDENS Deve \$200 (Mailing address)
Mismi FZ 33179 (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)
(Typed or printed name of signee)
(Typed or printed name of signee)