MONODOODE

(Requestor's Name)			
(Address)			
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. (City/State/Zip/Phone #)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer			
Special Instructions to Filing Officer:			

L. SELLERS

AUG 182008

EXAMINER

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08/18/08--01019--024 ***25.00

SECRETARY OF STATE
ALL AHASSEE FLORID.

COVER LETTER

	on Section of Corporations			
SUBJECT:	BARBARA	JEANS, LIC		
	(Name of Fo	oreign Limited Liability Co	o mpany)	
Dear Sir or Madar	n:		<i>.</i> .	
The enclosed with	drawal and fee(s) are submitt	ted for filing.		
Please return all co	orrespondence concerning thi	is matter to the following:		
	JAMES TILBROOK			
	(Name of Person)			
	BARBARA JOANS 1	LESTAWRANTS, LCC		
9496	ENORMAS AJE #20	3		
	(City/State and Zip Co	_		
For further inform	ation concerning this matter,	please call:		
	AMES TILBLOOK (Name of Person)	at (904)	477-3369 Daytime Telephone Number)	
l	(Name of Person)	(Area Code & 1	Jaytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Registra Division P.O. Bo	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a che	ck for the following amoun	t:	•	
\$25 Filing Fee	\$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	\$60 Filing Fee. Certificate of Status & Certified Copy	

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

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BARBARA JENUS, LIC				
(Name of limited liability company)				
SOUTH CAROLINA				
(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.				
(10 Combergano Pare Dewe #304 (Mailing address)				
(Mailing address)				
ST AUGUSTINE FL 32095				
(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) Hour O W. Graham H. VICC Constituted for the future of any change in its mailing address.				

Filing Fee: \$25.00

FILED

08 AUG 15 AM 8: 47

SECRETARY SESTATE