

MO7000000809

(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



100168725991

02/24/10--01012--011 **25.00

FILED
2010 MAR 17 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

Mar. 18 2010
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 25, 2010

JOHNNY RISTER
RISTER TAX & ACCOUNTING
PO BOX 531
COTTONDALE, FL 32431

SUBJECT: XCAPE II, L.L.C.
Ref. Number: M07000000809

We have received your document for XCAPE II, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a florida limited liability company, but your entity is a foreign limited liability company. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 610A00004731

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: XCAPE II, L.L.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:

Johnny Rister
(Name of Person)

Rister Tax + Accounting
(Firm/Company)

3158 Main St. - P.O. Box 531
(Address)

Cottondale, FL 32431
(City/State and Zip Code)

For further information concerning this matter, please call:

Johnny Rister at (850) 352-4050
(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 ☐ \$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**

XCAPE II, L.L.C.

(Name of limited liability company)

Alabama

(Jurisdiction of its organization)

MO7000000809

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.

4131 Cherry St.

(Mailing address)

Panama City FL 32404

(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)

Niles Patel

(Typed or printed name of signee)

Filing Fee: \$25.00

FILED
2010 MAR 17 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA