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COVER LETTER

TO: Registration Section
Division of Corporations

Subject: The Everglades Real Estate, 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:

Kellie Upchurch

(Name of Person)

Integrated Medical Systems International, Inc.

(Firm/Company)

1823 27th Avenue South

(Address)

Birmingham, AL 35209

(City/State and Zip Code)

For further information concerning this matter, please call:

Kellie Upchurch

,,205 \414-3608

(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

The Everglades Real Estate, LLC		13 0	
(Name of limited liability company)	- <u>13:11</u>	<u>₹</u> 2	<u> </u>
Delaware	10 to 12 to	0 PX	
(Jurisdiction of its organization) M0700000920	SALLA SALLA	1: 30	

(Florida Document Number)

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.

1823 27th Avenue South

(Mailing address)

Birmingham, AL 35209

(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)

Filing Fee: \$25.00