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EXAMINER

SECRETARY OF STATE OIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Intenstat	e Development	Service	es, LLC .
	ne of Foreign Limited Lia	ability Compa	any)
Dear Sir or Madam:			
The enclosed withdrawal and fee(s) are	submitted for filing.		
Please return all correspondence concer	rning this matter to the fo	llowing:	
Parnick /kn	10114		
(Name of Pers	son)		
Interstate Develop,	ment senses,	LLC	
/ Ywo Horitan L	Just 10	<i>U</i>	
(Address)			
Mf. LAuxel, NJ (City/State an	08054		
(City/State an	d Zip Code)		
For further information concerning this	matter, please call:		
(Name of Person)	at (85%	.)	439-9200
(Name of Person)	(Area	Code & Daytin	me Telephone Number)
STREET/COURIER ADDR	ESS:	MAILING.	
Registration Section		Registration Section Division of Corporations	
Division of Corporations Clifton Building		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 Fe Certificate of		ору (\$60 Filing Fee, Certificate of Status & Certified Copy

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

Interviate Development Services, LUC (Name of limited liability company)
(Name of limited liability company)
NJ
(Jurisdiction of its organization)
MØ7dØØØØ/Ø98
(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.
(Mailing address)
(Mailing address)
Mt-LAvel NJ 08.54 (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 marring address.
(Signature of member or authorized representative of a member)
(Typed or printed name of signee)
(Typed or printed name of signae)

Filing Fee: \$25.00