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SECRETARY OF STATE
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J. BRYAN
DEC 14 2009
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Minneola DG, LLC	oreign Limited Liability Company)	
(Name of Fi	oreign Limited Liability Company)	
Dear Sir or Madam:		
The enclosed withdrawal and fee(s) are submit	ted for filing.	
Please return all correspondence concerning th	is matter to the following:	
Steven E. Camp	<u>_</u>	
(Name of Person)		99 SE FAI
Minneola DG, LLC		DEC 1
(Firm/Company)		P P
361 Summit Blvd, Ste 110		OG DEC 11 PM 1:54 SECRETARY OF STATE ALLAHASSEE, FLORI
(Address)		DE F
Birmingham, AL 35243		
(City/State and Zip Co	ode)	
For further information concerning this matter,	please call:	
Steven E. Camp	_{at (} 205) 986-9288	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	• -
Tallahassee, Florida 32301	,	
Enclosed is a check for the following amount	t:	
\$25 Filing Fee \$30 Filing Fee & Certificate of Status	\$55 Filing Fee & \$60 Filing Fee, Certified Copy Certificate of Status & Certified Copy	

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

Minneola DG, LLC
(Name of limited liability company)
Delaware
(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.
361 Summit Blvd, Ste 110 (Mailing address)
Birmingham, AL 35243 (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)
Steven E. Camp
(Typed or printed name of signee) CRETARY OF STATE OF ST

Filing Fee: \$25.00