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SECRETARY OF STATE

T. HAMPTON

NOV 1 8 2008

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: NOM Tampa Brandon, LLC	
	reign Limited Liability Company)
Dear Sir or Madam:	
	10.00
The enclosed withdrawal and fee(s) are submitted	ed for filing.
Please return all correspondence concerning this	s matter to the following:
Julie Loyd	
(Name of Person)	
Newton Oldacre McDonald	
(Firm/Company)	
3841 Green Hills Village Drive, So	uite 400
(Address)	
Nashville, TN 37215	
(City/State and Zip Cod	de)
•	
For further information concerning this matter,	please call:
Julie Loyd	at (615) 269-5444
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS: Registration Section
Registration Section Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following amount	:
✓ \$25 Filing Fee \$30 Filing Fee &	\$55 Filing Fee & \$60 Filing Fee,
Certificate of Status	Certified Copy Certificate of Status & Certified Copy

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

NOM Tampa Brandon, LLC
(Name of limited liability company)
Alabama
(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.
3841 Green Hills Village Drive, Suite 400
(Mailing address)
Nashville, TN 37215 (City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
By: Newton Oldacre McDonald, L.L.C.
(Signature of member or authorized representative of a member)
Mark Mebonald
(Typed or printed name of signee)
SECRE NO.

Filing Fee: \$25.00