

NO700000 1853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

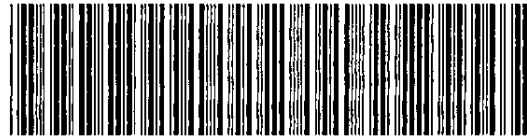
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

MAR 07 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DICKINSON WRIGHT PLLC
(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:

SCOTT JANSSEN
(Name of Person)

DICKINSON WRIGHT PLLC
(Firm/Company)

38525 WOODWARD AVE
(Address)

BLOOMFIELD HILLS, MI 48304
(City/State and Zip Code)

For further information concerning this matter, please call:

SCOTT JANSSEN at (248) 433-7661
(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:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|---|---|--|--|

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAR -4 PM 3:57

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

DICKINSON WRIGHT PLLC

(Name of limited liability company)

MICHIGAN

(Jurisdiction of its organization)

M07000001853

(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.

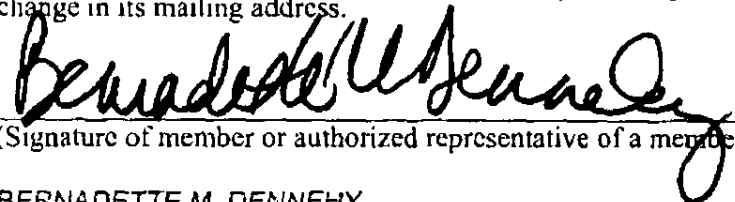
38525 WOODWARD AVE

(Mailing address)

BLOOMFIELD HILLS, MI 48304

(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)

BERNADETTE M. DENNEHY

(Typed or printed name of signee)

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2011 MAR -4 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00