## 11107000002867

(Re	equestor's Name)				
(Ad	ldress)				
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(Cit	ty/State/Zip/Phone	<b>⇒</b> #)			
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SECURE PROPERTY STATE
SECURE PROPERTY ANIASSEE, FLORIDA

J. BRYAN

SEP 28 2010

**EXAMINER** 

## **COVER LETTER**

TO:		istration S sion of Co	ection orporations			
SUBJE	CT:	Claime	etrics Management, L			
			(Name of Fore	eign Limited Liability C	Company)	
Dear Si	r or N	fadam:				
The end	closed	withdraw	val and fee(s) are submittee	d for filing.		
Please	return	all corres	pondence concerning this	matter to the following	; ,	
A. Ma	rsha	ıll Snipe				
			(Name of Person)			75 5
Claim	netrio	s Man	agement, LLC		·	SEP 2
			(Firm/Company)			7 P
P.O.	Вох	22475				SEP 27 PM 1:47 SEP 27 PM 1:47 LANASSEE, FLORID
			(Address)			P
Oklai	homa	a City, (	OK 73123			
			(City/State and Zip Code	e)		
For fur	ther ir	Iformation	n concerning this matter, p	lease call:		
A. Ma	arsh	all Snip	es	at (405	728-5544 ext. 2305	
		(Nan	ne of Person)		Daytime Telephone Number)	
	Reg Div Clif 266	istration S ision of C ton Build I Executi	orporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclos	ed is	a check fe	or the following amount:			
<b>☑</b> \$25	Filing	; Fee	■ \$30 Filing Fee & Certificate of Status	S55 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

Claimetrics Management, LLC
(Name of limited liability company)
Nevada
(Jurisdiction of its organization)
M07000002867
(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.
P.O. Box 22475
(Mailing address)
Oklahoma City, OK 73123
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
adjuntary Jugar
(Signature of member or authorized representative of a member)  A. Marshall Snipes
A. Marshall Snipes
(Typed or printed name of signee)

Filing Fee: \$25.00