M07000002894

.(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	∍ #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		,
		į

Office Use Only



400192094994

01/31/11-01008-012 **25.00

ZOII JAN 31 PH 3: 34

C. LEWIS
FEB -1 2011
EXAMINER

COVER LETTER

TO: ** Registration	n Section Corporations			
Division of			_	
SUBJECT:	Siegel Credit (Name of For	Solutions !	LLC	
	(Name of For	eign 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:				
Haron Siegel				
(Name of Person)				
,		1_		
Franklin Asset Wanugement (Firm/Company)				
	(Fini/Company)			
.(10	14			
148 Franklin St. (Address)				
_				
Bu Falo, My 14202 (City/State and Zip Code)				
	(City/State and Zip Cod	e)		
For further information concerning this matter, please call:				
olya	Schumacher ame of Person)	at (<u>716</u>)	Novimo Tolomboro Numbos	
(IN	ine of reison)	(Area Code &	Daytime Telephone Number)	
STREET/C	COURIER ADDRESS:	MAIL	ING ADDRESS:	
	Registration Section Registration Section Division of Corporations Division of Corporations			
	vision of Corporations Division of Corporations 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 & Certificate of Status	D \$55 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

Siegel Credit Solutions LLC (Name of limited liability company)
(Name of limited liability company)
(Jurisdiction of its organization)
(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.
UUS Francin St. (Mailing address)
Bufalo, Ny 14202.
(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)
Aaron Sicgel
(Typed or printed name of signee)

Filing Fee: \$25.00

ZÜLI JAN 31 PM 3: 34
SECRETARY OF STATE