

MU7UWU2937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

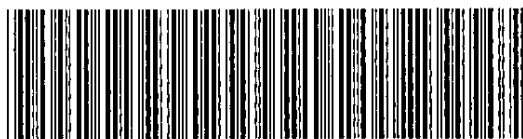
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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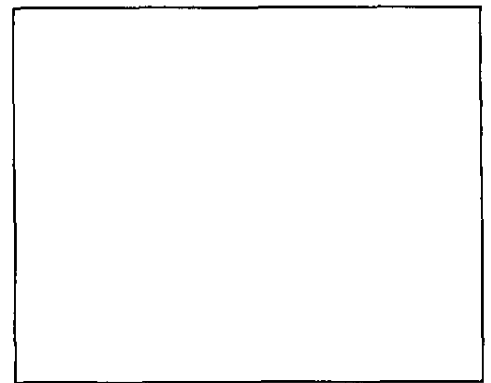
B. KOHR

OCT 18 2010

EXAMINER

10 OCT 15 AM 10:02  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

FLORIDA RESEARCH & FILING SERVICES, INC.  
1211 CIRCLE DRIVE  
TALLAHASSEE, FL 32301  
PHONE (850)656-6446



OFFICE USE ONLY

WALK-IN

ENTITY NAME:

AFC LLC

CK# 4889 FOR \$50.00 (\$25.00 for this filing)

10 OCT 15 AM 10:00  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

PLEASE FILE THE ATTACHED WITHDRAWAL & RETURN THE FOLLOWING:

\_\_\_ CERTIFIED COPY

XXX STAMPED COPY

\_\_\_ CERTIFICATE OF STATUS

Examiner's Initials

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AFC LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

TLS/NRAI

(Contact Person)

NRAI CORPORATE SERVICES

(Firm/Company)

2731 EXECUTIVE PARK DRIVE, SUITE 4

(Address)

WESTON, FL 33331

(City/State and Zip Code)

For further information concerning this matter, please call:

TLS

(Name of Contact Person)

at ( 954- ) 318-2787

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &

Certified Copy

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 OCT 15 AM 10:04

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

AFC LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

M07000002937

(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.

1825 MAIN STREET, SUITE 19 WESTON FL 33326

(Mailing address)

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.

Susan Weisman

(Signature of member or authorized representative of a member)

WEISMAN, SUSAN, MANAGER

(Typed or printed name of signee)

FILED  
THE CLERK OF STATE  
DIVISION OF CORPORATIONS  
10 OCT 15 AM 10:04

**Filing Fee: \$25.00**