## M07000003047

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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**EXAMINER** 

10 DEC 15 AM 10: 36

## December 15, 2010 **COVER LETTER**

TO:			Section Corporations		
SUBJE	CT:	Grac	e Restaurant Partners		
			(Name of Fo	reign Limited Liabilit	y Company)
Dear Sir	or M	adam:			
The encl	losed	withdr	awal and fee(s) are submitte	ed for filing.	
Please re	turn	all corr	espondence concerning this	matter to the followi	ng:
Edwar	d P.	Grac			
			(Name of Person)		
Grace	Re	staura	ant Partners II, LLC		_
			(Firm/Company)		
201 S	outh	Orar	nge Avenue, Seaside	e Plaza, Suite 88	<u>30</u>
Orland	do F	FI 32	801		
Ondin		LOL	(City/State and Zip Coc	(e)	
For furth	ier int	formati	on concerning this matter, p	olease call:	
Edwar	dР	. Gra	ce III	<sub>at (</sub> 407	835-7900
		(Na	me of Person)	(Area Code	& Daytime Telephone Number)
	Regis Divis Clifto 2661	stration sion of on Buil Execu	OURIER ADDRESS: Section Corporations ding tive Center Circle Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed	i is a	check	for the following amount:		
<b>□</b> \$25 F	iling	Fee	\$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	<ul><li>\$60 Filing Fee, Certificate of Status &amp; Certified Copy</li></ul>

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

	1
Grace Restaurant Partners II, LLC	る場合
(Name of limited liability company)	100 SE
	or Con
State of Delaware	<b>F</b> 60
(Jurisdiction of its organization)	# 10: N
M0700003047	(A)
(Florida Document Number)	
This limited liability company is no longer transacting business in Florida and su authority to transact business in this state.	irrenders its
This limited liability company revokes the authority of its registered agent to accept its behalf and appoints the Department of State as its agent for service of process cause of action arising during the time it was authorized to transact business in Florid	t service on based on a a.
201 South Orange Avenue, Seaside Plaza, Suite 880 (Mailing address)	_
Orlando, Florida 32801	_
(City/State/Zip)	
The limited liability company agrees to notify the Department of State in the further change in its mailing address.	ture of any
(Signature of member or authorized representative of a member)	
Edward P. Grace III, Member and Authorized Representative	
(Typed or printed name of signee)	

Filing Fee: \$25.00