Mola	2005126
(Requestor's Name) (Address) (Address)	200158456602
(City/State/Zip/Phone #)	08/24/0901054020 **250.00
(Business Entity Name) : (Document Number) Certified Copies Certificates of Status	and the second
Special Instructions to Filing Officer:	DIVISION OF CORPORATION: 09 OCT 13 AH11: 04
Office Use Only G. MCLEOD OCT 1 4 2009 EXAMINER	

COVER LETTER ·

TO: **Registration Section** Division of Corporations

INELLAS VPTLLC SUBJECT:

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GRADY C. PRIDGEN, ITT (Name of Person)

GRADY PRIDGEN

(Address)

PETERSBURG FL 337/6 (City/State and Zip Code) ST

For further information concerning this matter, please call:

Sobby Egsimann_____at (727) 577-5890 x315 (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

Enclosed is a check for the following amount:

\$25 Filing Fee

\$30 Filing Fee & Certificate of Status

S55 Filing Fee & Certified Copy

AlREAN PAin fee

MAILING ADDRESS: **Registration Section** Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

> **\$60** Filing Fee, Certificate of Status & Certified Copy

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

Kinellas V (Name of limited liability company)

DE (Jurisdiction of its organization)

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.

International (Mailing address)

City/State/Zip) 33716 ST

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address. $\int \rho_{c,t}$

(Signature of member or authorized representative of a member)

PRIDGEN

(Typed or printed name of signee)

0 OCT 13 AMII: D4