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SECRETARY OF STATE

J. BRYAN

APR 1 2 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Old Carco LLC			
(Nan	ne of Foreign Limited Liability	Company)	
Dear Sir or Madam:			
The enclosed withdrawal and fee(s) are	submitted for filing.		
Please return all correspondence concer	ming this matter to the following	g;	
Ronald E. Kolka			
(Name of Pers	son)	-	
Old Carco LLC c/o Ronald E	Kolka	_	75 6 70 H
(Firm/Compar	ny)		22 2
555 Chrysler Drive			O APR -9 PM 3: 44 CCRETARY OF STATE
(Address)			三 S E O E
Auburn Hills, Michigan 4832	26		書き
(City/State and	d Zip Code)	-	U.
For further information concerning this	matter, please call:		
Charolette Noel, Esq.	at (214	969-4538	
(Name of Person)		Daytime Telephone Number)	
STREET/COURIER ADDRI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regis Divisi P.O. I	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following	amount:		
\$25 Filing Fee \$30 Filing Fee Certificate of		\$60 Filing Fee, Certificate of Status & Certified Copy	

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

Old Carco LLC	
(Name of limited liability company)	
Delaware	
(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.	
555 Chrysler Drive	
(Mailing address)	
Auburn Hills, Michigan 48326	
(City/State/Zip)	
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.	
L.E. Kull	
(Signature of member or authorized representative of a member)	
Ronald E. Kolka, Manager	
(Typed or printed name of signee)	
	Allered Phy Al.
APR-9 (CRETARY)	****
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FLORIDE STATE	<u> </u>
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Filing Fee: \$25.00