(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only

G. MCLEOD

APR - 3 2012

**EXAMINER** 



900226604939

04/02/12--01033--015 \*\*60.00

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

Fisher Education Consulting, LLC	
(Name of limited liability company)	<u>.</u>
Tennessee	
(Jurisdiction of its organization)	
M0700003872	
(Florida Document Number)	
This limited liability company is no longer transacting business in Florauthority to transact business in this state.	rida and surrenders its
This limited liability company revokes the authority of its registered age its behalf and appoints the Department of State as its agent for service cause of action arising during the time it was authorized to transact business.	nt to accept service on of process based on a ss in Florida.
555 Hickory Blvd.	
(Mailing address)	
McMinnville, TN 37110	
(City/State/Zip)	
The limited liability company agrees to notify the Department of State change in its mailing address.  The More H. Juhn	e in the future of any
(Signature of member or authorized representative of a member)	<b>A</b> 出
Thomas H. Fisher	APR T
(Typed or printed name of signee)	R-2 PH 1:39

Filing Fee: \$25.00

## **COVER LETTER**

_	tration Section on of Corporations			
SUBJECT: _	Fisher Education Consulting, L			
(Name of Foreign Limited Liability Company)				
Dear Sir or Ma	dam:			
The enclosed v	vithdrawal and fee(s) are submitted for	filing.		
Please return a	Il correspondence concerning this matt	er to the following:		
Thomas H. Fisher				
	(Name of Person)			
Fisher Education Consulting, LLC				
	(Firm/Company)			
555 Hickor	y Blvd.			
	(Address)			
McMinnville, TN 37110  (City/State and Zip Code)				
	(Only/State and Esp code)			
For further info	ormation concerning this matter, please	call:		
Thomas H		at ( 931 ) 668-0775		
	(Name of Person)	(Area Code & Daytime Telephone Number)		
STRI	ET/COURIER ADDRESS:	MAILING ADDRESS:		
	ration Section	Registration Section		
	on of Corporations	Division of Corporations		
Clifton Building		P.O. Box 6327		
	Executive Center Circle assee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following amount:				
□ \$25 Filing F		55 Filing Fee & \$\frac{1}{12}\$\$ \$60 Filing Fee,		
	Certificate of Status C	Certified Copy Certificate of Status & Certified Copy		
		•••		