## M07000004743

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
·				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:	· · · · · · · · · · · · · · · · · · ·		

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SIGNETARY OF SIMILE

D. BRUCE
OCT 26 2010
EXAMINER

## **COVER LETTER**

Division of	f Corporations			
SUBJECT:	Prescott	Title A	gency LLC	
	(Name of For	reign Limited Liability (	Ompany)	
Dear Sir or Madam:				
The enclosed withdr	rawal and fee(s) are submitte	ed for filing.		
Please return all cor	respondence concerning this	matter to the following	:	
Elizabe	(Name of Person)			
Presi	(c++ T1+ Le (Firm/Company)	Agenin U	<i>ـ</i> د	10 OCT
<u> </u>	Cizotte Dr. (Address)	ve		10 OCT 25 PM 2: 42 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Mai	(City/State and Zip Cod	14 0175	l .	TAILE ORIDA
For further informat	ion concerning this matter, p	please call:		
<u>Lisa</u>	Marha ame of Person)	at ( S v 8 (Area Code &	852 7678 Daytime Telephone Number)	
Registration Division of Clifton Bui 2661 Execu	Corporations	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314	
Enclosed is a check	for the following amount:			
\$25 Filing Fee	■ \$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	© \$60 Filing Fee, Certificate of Status &	

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

Prescott Title Agency LLC (Name of limited liability company)
(Name of limited liability company)
(Jurisdiction of its organization)
M07000004743
(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.
Mailing address)
(Mailing address)
Mariborough MA 01752 (City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
(Signature of member or authorized representative of a member)
(Signature of monitor) of authorized representative of a member)
Elizabeth M. Martin
(Typed or printed name of signee)

Filing Fee: \$25.00