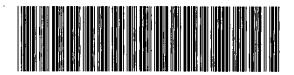
M0700004952

| (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: | | | | |
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SECRETARY OF STATE DIVISION OF CORPORATION

G. MCLEOD FEB 2 7 2008 EXAMINER

COVER LETTER

| _ | ristration Section ision of Corporations | | |
|---------------------------|--|---|--|
| SUBJECT: | VIZTERRA | LLC | |
| 50202011 | (Name of Foreig | gn Limited Liability C | ompany) |
| Dear Sir or M | Лаdam: | | |
| The enclosed | d withdrawal and fee(s) are submitted | for filing. | |
| Please return | all correspondence concerning this m | atter to the following: | |
| <u> </u> | ON. DAVID SMITH | <i>f</i> | |
| <u> </u> | THOMAS ASSOC | · . | |
| | (City/State and Zip Code) | it | |
| For further in | nformation concerning this matter, ple AVE SMITH (Name of Person) | ase call: at (\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 824-6243 Daytime Telephone Number) |
| Reg Div Clit 266 | REET/COURIER ADDRESS: gistration Section vision of Corporations fton Building of Executive Center Circle lahassee, Florida 32301 | MAIL Registr Divisio P.O. Bo | ING ADDRESS: ation Section on of Corporations ox 6327 assee, Florida 32314 |
| Enclosed is | a check for the following amount: | | |
| \$25 Filing | g Fee \$30 Filing Fee & Certificate of Status | \$55 Filing Fee & Certified Copy | S60 Filing Fee, Certificate of Status & Certified Copy |

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

| VIZTERRA LLC | | |
|--|----------------|--------------------------|
| (Name of limited liability company) | | |
| Ky | | <u></u> . |
| (Jurisdiction of its organization) | | |
| This limited liability company is no longer transacting business in Florida and surrend authority to transact business in this state. | lers i | ts |
| This limited liability company revokes the authority of its registered agent to accept servits behalf and appoints the Department of State as its agent for service of process base cause of action arising during the time it was authorized to transact business in Florida. | ice od d on | on a |
| 1408 N. MAIN St. (Mailing address) | | |
| WILLIAMSTOWN, Ky 41097 (City/State/Zip) | | |
| The limited liability company agrees to notify the Department of State in the future change in its mailing address. | of ar | ıy |
| (Signature of member of authorized representative of a member) | | <u> </u> |
| CART | 8 | NSE 3 |
| CURTIS STORETTO (Typed or printed name of signee) | 08 年526 | CRETARY |
| | | ED Y OF STA ORPORA |

Filing Fee: \$25.00