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. COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Michael L- And Von) (Name of Foreign Limited Liability	ne Landt 11C Company)
Dear Sir or Madam:	** **** *** *** *** *** *** *** *** **
The enclosed withdrawal and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following	g:
Michael Land, 6 (Name of Person)	_
RIVEY'S LAC (Firm/Company)	_
P.O. Box 539 (Address) Elkton OR 97436 (City/State and Zip Code)	Z008 FEB SECRETARY TALLAHASSE
For further information concerning this matter, please call: Main	E Daytime Telephone Number)
Registration Section Regis Division of Corporations Divis Clifton Building P.O. 1	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314
Enclosed is a check for the following amount:	
\$25 Filing Fee Certificate of Status Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy

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

Michael L. and Yvonne Land	446
(Name of limited liability company)	
Oregon (Jurisdiction of its organization)	
(Jurisdiction of its organization)	
This limited liability company is no longer transacting business in Flori authority to transact business in this state.	da and surrenders its
This limited liability company revokes the authority of its registered agen 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 s in Florida.
P.O. Box 539 (Mailing address)	
Elkton OR 97436 (City/State/Zip)	·
The limited liability company agrees to notify the Department of State change in its mailing address.	in the future of any
Michael Land	7000 FE SECRE
(Signature of member or authorized representative of a member)	ARY C
(Typed or printed name of signee)	A 8: 50 A STATE , FLORIDA

Filing Fee: \$25.00