PEOJ 0000 1039

| (Req | uestor's Name) | |
|---|------------------|-------------|
| (Add | ress) | |
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| (City) | /State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busi | iness Entity Nar | ne) |
| (Doc | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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EXAMINER



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SECRETARY OF CORPORATION OF CORPORATION OF CORPORATION OF CORPORT AND A CORPORT AND A

COVER LETTER

| | tion Section of Corporations | | |
|--|---|---|---|
| SUBJECT: B | itton-Gallagher/Stammle | r LLC | |
| | (Name of Fore | eign Limited Liability C | Company) |
| Dear Sir or Mad | ım: | | |
| The enclosed wi | hdrawal and fee(s) are submitte | d for filing. | |
| Please return all | correspondence concerning this | matter to the following: | |
| | | | |
| Lisa Coutts | | | |
| | (Name of Person) | | |
| D 20 O - 0 | -l0 A | | |
| Britton-Galla | gher & Associates, Inc. (Firm/Company) | | |
| | | | |
| 6240 SOM | Center Rd | | |
| | (Address) | | |
| Cleveland, (| OH 44139 | | |
| | (City/State and Zip Code | e) | |
| | | | |
| For further infor | nation concerning this matter, p | llease call: | |
| Lisa Coutts | | at (440 | 264-2740 |
| | (Name of Person) | (Area Code & | Daytime Telephone Number) |
| Registr Divisio Clifton 2661 E: | T/COURIER ADDRESS: ation Section a of Corporations Building accutive Center Circle assee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | |
| Enclosed is a ch | eck for the following amount: | | |
| ☑ \$25 Filing Fe | e \$30 Filing Fee & Certificate of Status | □ \$55 Filing Fee & 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

| Britton-Gallagher/Stammler LLC (Name of limited liability company) |
|--|
| (Name of finnied hability company) |
| Ohio |
| (Jurisdiction of its organization) |
| M0700006039 |
| (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 ts 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. |
| 6240 SOM Center Rd |
| (Mailing address) |
| Olevelend, Old 44400 |
| Cleveland, OH 44139 (City/State/Zip) |
| (City/State/21p) |
| The limited liability company agrees to notify the Department of State in the future of any change in its mailing address. |
| Bruce HBall |
| Signature of member or authorized representative of a member) |
| Bruce H. Ball |
| Bruce H. Ball (Typed or printed name of signee) |
| $\overline{\underline{I}}$ |
| |
| A A CONTRACTOR OF THE CONTRACT |

Filing Fee: \$25.00