## M0700006100

(Req	uestor's Name	)		
(Add	ress)			
(Add	ress)	·		
(City	/State/Zip/Phor	ne #)		
PICK-UP	MAIT	MAIL		
(Bus	iness Entity Na	ime)		
(Document Number)				
Certified Copies	Certificate	es of Status		
Special Instructions to Filing Officer:				
		,		
,				

Office Use Only



900150855429

America 04/20/09--01035--014 \*\*\*25.00



S. HAWKES APR 2 1 2009

**EXAMINER** 

## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations				
SUBJECT: MSE Bra	anded Foods of Flo	orida, LLC			
(Name of Foreign Limited Liability Company)					
David G'o an Mad					
Dear Sir or Madam:					
The enclosed withdrawa	l and fee(s) are submitte	ed for filing.			
Please return all correspondent	ondence concerning this	matter to the following:			
Edward Jones					
	(Name of Person)				
MSE Branded Foo	ods of Florida, LL	С			
	(Firm/Company)				
225A Forrest Ave	enue				
	(Address)		- γη σαν <b>()</b>		
Gainesville	GA	3050	- 1955 (main 19 - 1965) a 1965 (main 1965) 9 <b>1</b> 5 (main 1965)		
Cambovino	(City/State and Zip Cod		, t		
For further information of	oncerning this matter, p	lease call:			
Edward Jones		at ( 770	532-3301		
	of Person)	at (	ytime Telephone Number)		
			•		
	RIER ADDRESS:		G ADDRESS:		
Registration Sec			ion Section		
Division of Corp Clifton Building		P.O. Box	of Corporations		
2661 Executive			ee, Florida 32314		
Tallahassee, Flo		1 411411400	vo, 1 1011dit 5251 1		
Enclosed is a check for	-				
\$25 Filing Fee	\$30 Filing Fee &	\$55 Filing Fee & [	\$60 Filing Fee,		
	Certificate of Status	Certified Copy	Certificate of Status &		
			Certified Copy		
	* * * * * * * * * * * * * * * * * * * *	4			

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

MSE Branded Foods of Flo	orida, LLC		
	(Name of limited liability comp	pany)	·
Georgia $\gamma$	107-Le 100		
	(Jurisdiction of its organization	on)	
This limited liability compan authority to transact business i	y is no longer transacting bin this state.	ousiness in Florida and	d surrenders its
This limited liability company its behalf and appoints the D cause of action arising during	y revokes the authority of its epartment of State as its ag the time it was authorized to	s registered agent to ac ent for service of proc transact business in Flo	
225A Forrest A			20 PH
	(Mailing address)		50 F
Gainesville	GA	30501	35
	(City/State/Zip)		······································
The limited liability company change in its mailing address.	y agrees to notify the Depa	artment of State in the	future of any
Ed			
Signature of member or author	prized representative of a mer	nber)	
Edward Jones		<del>-</del>	
Typed or printed name of sign	nee)		

Filing Fee: \$25.00