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COVER LETTER

| Division of Corporations |
|--|
| SUBJECT: The Gelber Organization, LLC |
| (Name of Foreign Limited Liability 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: |
| Arthur Gelber |
| (Name of Person) |
| The Gelber Organization, LLC |
| (Firm/Company) |
| 110 Fieldcrest Avenue |
| (Address) |
| Edison NJ 08837 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Arthur Gelber at (732) 590-1402 |
| (Name of Person) (Area Code & Daytime Telephone Number) |
| STREET/COURIER ADDRESS: Registration Section MAILING ADDRESS: Registration Section |
| Division of Corporations Division of Corporations |
| Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 |
| Tallahassee, Florida 32301 |
| Enclosed is a check for the following amount: |
| \$25 Filing Fee \$\Bigcup \$30 Filing Fee & Box \$55 Filing Fee & S60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy |

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

| The Gelber Organization, LLC | | | |
|---|-------------------|---------|------------|
| (Name of limited liability company) | | _ | |
| New Jersey | | | |
| (Jurisdiction of its organization) | | | |
| This limited liability company is no longer transacting business in Florida and surrenauthority to transact business in this state. | nders i | its | |
| This limited liability company revokes the authority of its registered agent to accept ser its behalf and appoints the Department of State as its agent for service of process bas cause of action arising during the time it was authorized to transact business in Florida. | rvice o sed on | on a | |
| 110 Fieldcrest Avenue | | • | |
| (Mailing address) | | | |
| Edison NJ 08837 | | | |
| (City/State/Zip) | | | |
| The limited liability company agrees to notify the Department of State in the future change in its mailing address. | of ar | ny | |
| by Se | | | |
| (Signature of member or authorized representative of a member) | 324 | 09 | |
| Joseph G. Lerario | _;;; _;;;; | APR | |
| (Typed or printed name of signee) | ASS. | ? −7 | ALBERTAL P |
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Filing Fee: \$25.00