## Mon 000006477

(Requestor's Name)					
(Address)					
. (Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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2011 HAY -4 PM 12: 28 SECRETARY OF STATE

T. CLINE

MAY - 6 2011

EXAMINER

## **COVER LETTER**

TO: Registration Division of	n Section Corporations				
SUBJECT: CON	ISULT & TRADE LLC				
	(Name of Fo	reign Limited Liabili	ty Company)		
Dear Sir or Madam:					
The enclosed withdra	awal and fee(s) are submitt	ed for filing.			
Please return all corr	respondence concerning thi	s matter to the follow	ing:		
W. S. McCONN					
	(Name of Person)				
FINANCIAL EX	ECUTIVE CONSUL	TANTS			
111111111111111111111111111111111111111	(Firm/Company)	.,,,,,,,	<u> </u>		
P.O. BOX 1833	32				
	(Address)			2011 SE( TALL	
TAMPA, FL 33679-8332				2011 PAY - 4 SECRETARY ALLAHASSE	
	(City/State and Zip Co	de)	_	ARY ASSE	<u> </u>
For further informati	on concerning this matter,	please call:		PH 124 OF STA E. FLOR	m
W. S. McCONN	NELL.	<sub>at (</sub> 813	282-0411	ATE DRID	•
(Na	ame of Person)		& Daytime Telephone Number)		
Registration Division of Clifton Buil 2661 Execu	ET/COURIER ADDRESS: ration Section on of Corporations Building xecutive Center Circle assee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check	for the following amount	•			
☑ \$25 Filing Fee	□ \$30 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

(Name of limited liability company)	
DELAWARE	
(Jurisdiction of its organization)	
M0700006477	
(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 its 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.	
5611 S SHERWOOD AVE. UNIT 1 (Mailing address)	
TAMPA, FL 33611 (City/State/Zip)	
(1 vped or printed name of signee)	

Filing Fee: \$25.00