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SECRETARY OF STATE A

M. THOMAS

MAY 2 1 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ROPICAC (Name of Foreign Limited Liability)	HARM LLC y 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	ng:
JUNE WARD	_
(Name of Person)	
	71.0
. (Firm/Company)	
15425 Sw 99 AVE	TALLAHASSEE.
MIAM DL 33 IST	AH 10: 39 EE, FLORIDA
For further information concerning this matter, please call: (Name of Person) at (Area Code	© 271-6472 & Daytime Telephone Number)
Registration Section Reg Division of Corporations Divi Clifton Building P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314
Enclosed is a check for the following amount:	
\$25 Filing Fee \$30 Filing Fee \$ \$55 Filing Fee \$ Certificate of Status Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy



May 5, 2009

JUNE WARD 15425 SW 99 AVE. MIAMI, FL 33157

SUBJECT: THE TROPICAL FARM, LLC

Ref. Number: M07000006980

We have received your document for THE TROPICAL FARM, LLC and your check(s) totaling \$75.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 409A00015192

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

THE TROPICAL FARM, LCC		
(Name of limited liability company)		
(Jurisdiction of its organization)		
(variable of the organization)		
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.		
15485 SW 99 AVE (Mailing address)		
$\frac{MIAMI}{(City/State/Zip)}$ $\frac{33150}{}$		
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.		
LAMO-1-1 MAD		
(Signature of member or authorized representative of a member)		
(Signature of member or authorized representative of a member) TUNE WAR		
(Typed or printed name of signee)		

Filing Fee: \$25.00