

M07000007253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700178714797

04/30/10--01011--027 **25.00

FILED
10 APR 30 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. ~~Don~~ MAY 3 - 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Springhaven Holdings, 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:

Rhonda James
(Name of Person)

Springhaven Holdings, LLC
(Firm/Company)

4272 SE Cove Lake Circle #208
(Address)

Stuart, FL 34997
(City/State and Zip Code)

For further information concerning this matter, please call:

Rhonda James at (772) 260-2998
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

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

Springhaven Holdings, LLC

(Name of limited liability company)

NEVADA

(Jurisdiction of its organization)

M07000007253

(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.

4272 SE Cove Lake Circle #208

(Mailing address)

Stuart, FL 34997

(City/State/Zip)

FILED
10 APR 30 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.

Rhonda James

(Signature of member or authorized representative of a member)

Rhonda James

(Typed or printed name of signee)

Filing Fee: \$25.00