

M08 00000379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

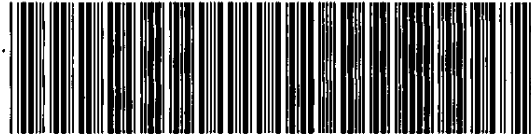
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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T. CLINE

SEP 28 2010

EXAMINER

2010 SEP 27 AM 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

CRS Licensing, LLC

Licensing. It's what we do.



1959 Meadow Lane
Wyomissing, PA 19610

Phone: (610) 741-6315

Fax: (610) 741-6318

E-mail: mittlejohn1959@comcast.net

September 24, 2010

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Withdrawal of Authority to Transact Business
AmeriFlex, LLC

Dear Corporate Records Administrator:

Enclosed please find a completed application submitted by AmeriFlex, LLC, the withdrawal of their Certificate of Authority to transact business in Florida. The following documents are enclosed with the application:

- Check in the amount of \$30
- Original and a copy

AmeriFlex, LLC authorizes CRS Licensing, LLC to represent its company and to correspond directly with your department on its behalf.

Please direct any correspondence regarding the enclosed application to me at the above address.

Thank you in advance for your consideration of this application.

Sincerely,

A handwritten signature in cursive script that reads "Mary Littlejohn-Garber".

Mary Littlejohn-Garber
Enclosures

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AmeriFlex, 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:

Mary Littlejohn-Garber
(Name of Person)

CRS Licensing, LLC
(Firm/Company)

1959 Meadow Lane
(Address)

Wyomissing, PA 19610
(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Littlejohn-Garber at (610) 741-6315
(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:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

AmeriFlex, LLC

(Name of limited liability company)

New Jersey

(Jurisdiction of its organization)

M08000000379

(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.

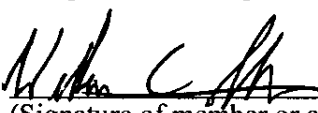
302 Fellowship Road

(Mailing address)

Mt. Laurel, NJ 08054

(City/State/Zip)

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

 9/15/10

(Signature of member or authorized representative of a member)

William C. Short

(Typed or printed name of signee)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Filing Fee: \$25.00