## MD8000000714

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status

Special Instructions to Filing Officer:

L. SELLERS

JAN 22 2009

**EXAMINER** 

Office Use Only



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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Freedom At Hom (Name of Foreign	gn Limited Liability Company)
Dear Sir or Madam:	•
The enclosed withdrawal and fee(s) are submitted	for filing.
Please return all correspondence concerning this m	natter to the following:
Donna Lerine (Name of Person)	
Freedom At Home Le (Firm/Company)	·
17 Clorendon Ct. 5. (Address)	
Palm Coast FL 32137 (City/State and Zip Code)	<u> </u>
For further information concerning this matter, plea	ase call:
Donna Larine	at ( <u>386</u> ) 445- 0866 (Area Code & Daytime Telephone Number)
(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 & \$60 Filing Fee, Certified Copy Certificate of Status & Certified Copy



January 8, 2009

DONNA B. LEVINE 17 CLARENDON COURT SOUTH PALM COAST, FL 32137

SUBJECT: FREEDOM AT HOME, LLC

Ref. Number: M08000000714

We have received your document for FREEDOM AT HOME, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida LLC, but your entity is a Foreign LLC. Please complete and return the enclosed blank form(s).

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) 245-6967.

Letter Number: 709A00000618

Leslie Sellers Regulatory Specialist II

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

(Name of limited liability company)
Uevada_ (Jurisdiction of its organization)
(Jurisdiction of its 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.
Mailing address)
Palm Coast, FL 32137 (City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
(Signature of member or authorized representative of a member)
Typed or printed name of signee)

Filing Fee: \$25.00

09 JAN 21 AM 8: 05