## m080000000727

(P) - average N	
(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:

A. LUNT

MAY - 5 2010

**EXAMINER** 

Office Use Only



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## **COVER LETTER**

TO:		tration Section on of Corpora				
SUBJE	CT: _	Paiva, LLC	<del></del>	s in Florida as Pa reign Limited Liabili	aiva Women's Sportswear, ty Company)	LLC
Dear Si	r or Ma	dam:				
The enc	losed v	vithdrawal and	fee(s) are submitte	ed for filing.		
Please r	eturn a	ll corresponde	nce concerning this	s matter to the follow	ing:	
Doug	Todd					No.
		()	ame of Person)			EAHASSEE, FLUKIUF
Paiva	, LLC					الله (ب) (د)
		(F	rm/Company)			LUKI
3308	N. M	tthoeffer R	oad			
	-	(A	ddress)			
Indiar	napol	s, IN 4623	35-2332			
		(C	ity/State and Zip Coo	le)	<del></del>	
For furt	her inf	ormation conc	erning this matter,	olease call:		
Doug	Todo			at (317	899-1022	
		(Name of Pe	rson)	(Area Cod	e & Daytime Telephone Number)	
	Regis Divisi Clifto 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle hassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclose	ed is a	check for the	following amount	:		
□ \$25 F	Filing F		Filing Fee & rtificate of Status	\$55 Filing Fee & Certified Copy	& <b>3</b> \$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)
Indiana (Jurisdiction of its organization)
M0800000727
(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.
Attention: Tax Department, 3308 N. Mitthoeffer Road  (Mailing address)
Indianapolis, IN 46235-2332
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of the change in its mailing address.
Beau Swen
(Signature of member or authorized representative of a member)
Beau Swenson, VP Chief Accounting Officer
(Typed or printed name of signee)

Filing Fee: \$25.00