M0800000787

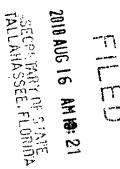
(Req	uestor's Name)		
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C. LEWIS

AUG 1 7 2010

EXAMINER

COVER LETTER

8/9/10

TO: • Registration Section
Division of Corporations

Division of	Corporations			
SUBJECT:	SUNCOVE D	NSTRIBUTI	ON LLC	
	(Name of Pore	eign Limited Liability C	company)	
Dear Sir or Madam:		·		
The enclosed withdrawal and fee(s) are submitted for filing.				
Please return all corre	espondence concerning this	matter to the following	:	
Rob	SRT P. Co (Name of Person)	VIELLO		
Sunco	IE DISTRIB (Firm/Company)	UTION, LLC	•	
. 855	SUNSOT E	21068		
(Address)				
_BR106	(City/State and Zip Code	J 08807		
	on concerning this matter, p P. COVIDECO me of Person)		526-2250	
(Na	me of Person)	(Area Code &	Daytime Telephone Number)	
Registration Division of Clifton Buil 2661 Execu	Corporations	Registi Divisio P.O. B	AING ADDRESS: ration Section on of Corporations tox 6327 assee, 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	

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

(Name of limited liability company)		
(Name of limited liability company)		
NEW JERSEY		
(Jurisdiction of its organization)		
M0800000787		
(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.		
Mailing address)		
(Mailing address)		
BRIDGEWATER, WJ 08807 (City/State/Zip)		
(City/State/Zip)		
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.		
John P. Comillo 8/9/10		
(Signature of member or authorized representative of a member)		
ROBERT P. COVIECLO		
(Typed or printed name of signee)		

Filing Fee: \$25.00

2010 AUG 16 AM 18: 21

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