(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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*SECRETARY OF STATE

*APPLICATION APPLICATION APPLICATIO

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J. SAULSBERRY EXAMINER

APR 12 2011

COVER LETTER

TO:			n Section Corporations				
SUBJI	ECT:	ARL	EQUIN HOBBIES LL			·	<u>.</u>
			(Name of Fo	reign Limited Lia	bility C	ompany)	
Dear S	ir or M	ladam:					
The en-	closed	withdr	awal and fee(s) are submitt	ed for filing.			
Please	return	all con	respondence concerning thi	s matter to the fol	lowing:		
GLOF	RIA E	UGE	NIA GARCIA ROJI				
			(Name of Person)			·	
						•	
Arleq	uin F	łobbi	es LLc				器
			(Firm/Company)				ARY
1650	7 CE	DAR	RUN DR				073.30 07.31
-			(Address)	***	*******		25
ORL	AND	O FL	32828				3.5
			(City/State and Zip Co	de)			
For fur	ther in	formati	on concerning this matter,	please call:			
GLO	RIA E	E GAI	RCIA ROJI	_{at (} 407)	4062448	
		(N	ame of Person)	(Area (Code & I	Daytime Telephone Number)	
	STR	EET/C	COURIER ADDRESS:		MAILI	NG ADDRESS:	
Registration Section Division of Corporations			Registration Section Division of Corporations				
Clifton Building				P.O. Box 6327			
			tive Center Circle , Florida 32301		Tallaha	ssee, Florida 32314	
Enclos	ed is a	check	for the following amount	:			
\$25	Filing	Fee	2 \$30 Filing Fee & Certificate of Status	\$55 Filing For Certified Cop		□ \$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 fillined flability company)
FLORIDA STATE
(Jurisdiction of its organization)
M0800000803
(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.
16507 CEDAR RUN DR
(Mailing address)
ORLANDO FL 32828
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the fifting of any change in its mailing address. (Signature of member or authorized representative of a member) GLORIA EUGENIA GARCIA ROJI (Typed or printed name of signee)

Filing Fee: \$25.00