M08000001101

(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



700156389127

06/08/09--01007--021 **25.00

9 JUL 17 PH 4: 49
SECRETARY OF STATE



J. BRYAN

JUL 2 0 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 9, 2009

JUSTIN DEMAREST DEMAREST, HOWELL & ASSOCIATES, LLC 114 BLACK OAK LANE SAND SPRINGS, OK 74063

SUBJECT: DEMAREST, HOWELL & ASSOCIATES, LLC

Ref. Number: M08000001101

99 JUL 17 PM 4: 49
SECRETARY OF STATE
AHASSEE, FLORIDA

We have received your document for DEMAREST, HOWELL & ASSOCIATES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

PUIN

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 909A00019295

Total papala upo se su cultiva e un un seramora son Massocia i cambia Passocionia alabati i opolo profici

CONTROL OF A SECTION OF STREET OF

provided the provided of the provided and the second of th

COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: DEM ASSESS HOLD ASSESS ASS	//		
SUBJECT: DEM ATES! HOWEIL & ASSOCIATES (Name of Foreign Limited Liability Company)	<u> </u>	-	
Dear Sir or Madam:			
The enclosed withdrawal and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
JUSIIN DEMATEST (Name of Person)			
DEMATES HOWEILD ASSOC. LLC (Firm/Company)	SECRE	الـ و0	
4324 BIACK CAK LANK	SECRETARY OF STATE TALLAHASSEE, FLORID	L 17 PI	
SKND SPINGS OK 74063 (City/State and Zip Code)	FLORID	61:4	Ö
(City/State and Zip Code)	ব		
For further information concerning this matter, please call:			
(Name of Person) at (SSS) 841-7666 (Area Code & Daytime Telephone Number)	6	_	
(Name of Ferson) (Area Code & Daytime Felephone Number)	I		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:			
\$25 Filing Fee \$30 Filing Fee & \$55 Filing Fee & \$60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy **Certified Copy **Comparison of Copy **Copy Copy Certified Copy **Copy Copy Certified Copy **Copy Copy Copy Copy Copy Copy Copy Copy	ž		
LE ENCIOSED.			

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

DEMATES/ HOLEII & ASSOC. LLC (Name of limited liability company)
(Name of limited liability company)
(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.
9324 BIACK CAK LANK (Mailing address)
(Matting address)
SAND 575NGS OF 74067 (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.
(Signature of member or authorized representative of a member)
(Typed or printed name of signes)
(Typed or printed name of signee)
(Typed or printed name of signee) SECRETARY OF STARSSEE, FLORE
ASSEE

Filing Fee: \$25.00