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J. BRYAN

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**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Davenport Transportation Consulting, LLC (Name of Foreign Limited Liability Company)
Dear Sir or Madam:
The enclosed withdrawal and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
John M. Davenport, Jr.  (Name of Person)
Davenport Transportation Consulting, LLC FLERE 27 F
Davenport Transportation Consulting, LLC  (Firm/Company)  P.O. Bx 4/3/  (Address)  (Address)  Winston Salen NC 27/15-4/3/
Winston-Salem NC 27/15-4/31 (City/State and Zip Code)
For further information concerning this matter, please call:  Patricia Parker  at (336) 744-1636  (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:
S25 Filing Fee \$\ \tag{\$55 Filing Fee & \tag{\$60 Filing Fee, \tag{\$55 Filing Fee & Certificate of Status & Certified Copy}}\}\]

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

Davenport Transportation Consulting, LLC (Name of limited liability company)
· · · · · · · · · · · · · · · · · · ·
North Carolina (Jurisdiction of its organization)
(variation 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.
P. O. By 4/3/ (Mailing address)
(wanting address)
Withston-Salen NC 27115
(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)
John M. Davenport, Jr.  (Typed or printed name of signee)  Talkary C.  Talkary

Filing Fee: \$25.00