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J. SAULSBERRY EXAMINER

MAR 0 2 2011

COVER LETTER

TO:

Registration Section

Division of C	Corporations			
SUBJECT: Edible	es, LLC			
	(Name of For	eign Limited Liability C	Company)	.
Dear Sir or Madam:				
The enclosed withdra	wal and fee(s) are submitte	d for filing.		
Please return all corre	espondence concerning this	matter to the following:	:	
Kathleen S. Parl	tovi			
Natifice 11 3. Fair	(Name of Person)			
Edible Arranger	ments International,	Inc.		TA:
	(Firm/Company)			DIII M
95 Barnes Road	d			II MAR - I PM 3: 08 ECRETARY OF STATE LAHASSEE, FLORID
	(Address)			EE C
Wallingford, CT	06492			F _S T Q
- vallingiora, CT	(City/State and Zip Cod	e)		RIDA RIDA
For further information	on concerning this matter, p	lease call:		
Kathleen S. Par	tovi • ·	at (203	774-8112	
(Na	me of Person)		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		
	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)
Connecticut (Jurisdiction of its organization)
M0800002093
(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. 95 Barnes Road (Mailing address)
(Walling address)
Wallingford, CT 06492 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)
Tariq Farid

Filing Fee: \$25.00

(Typed or printed name of signee)