

m08000002166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

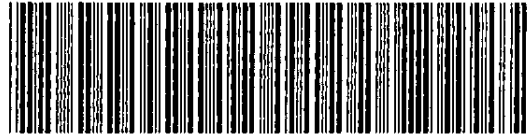
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

MAY 18 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COCARD of North Florida 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:

E. Bennett
(Name of Person)

COCARD of North Florida LLC
(Firm/Company)

4540 Southside Blvd, #803
(Address)

Jacksonville FL 32216
(City/State and Zip Code)

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11 MAY 17 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

E. Bennett at (904) 384-4601
(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:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

↓
You already
have

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

COCARD of North Florida LLC
(Name of limited liability company)

Washington State
(Jurisdiction of its organization)

M 08000002166
(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.

4540 Southside Blvd #803
(Mailing address)

Jacksonville FL 32216
(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.

E. Bennett
(Signature of member or authorized representative of a member)

Elon Bennett
(Typed or printed name of signee)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
31 MAY 17 PM 2:13

FILED

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 4, 2011

E. BENNETT
COCARD OF NORTH FLORIDA, LLC
4540 SOUTHSIDE BLVD., SUITE 803
JACKSONVILLE, FL 32216

SUBJECT: COCARD OF NORTH FLORIDA LLC
Ref. Number: M08000002166

We have received your document for COCARD OF NORTH FLORIDA 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):

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) 245-6028.

Barbara Bostick
Regulatory Specialist II

Letter Number: 811A00010939