

#1108000002346

(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



800187739968

01/10/11--01065--009 \*\*25.00

FILED

11 JAN 10 PM 4:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER

JAN 12 2011

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Graphic Group Fla, 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:

Michael Barb  
(Name of Person)

Graphic Group Fla, LLC  
(Firm/Company)

P.O. Box 6741  
(Address)

Columbia, SC 29260  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Barb at (803) 252-0606  
(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:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|---|--|--|

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

FILED  
11 JAN 10 PM 4:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Graphic Group Fla, LLC

(Name of limited liability company)

South Carolina

(Jurisdiction of its organization)

M08000002346

(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.

P.O. Box 6741

(Mailing address)

Columbia, SC 29260

(City/State/Zip)

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

*Michael Barb*

(Signature of member or authorized representative of a member)

Michael Barb

(Typed or printed name of signee)

Filing Fee: \$25.00