M08000002469

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J. BRYAN

DEC 16 2010

EXAMINER

COVER LETTER

TO: Registration Division of C	Section Corporations			
SUBJECT:	CR Foods (Name of Foo	Delph C		
	(Name of Foi	eign Limited Liability (Company)	
	M0800	0002469		
Dear Sir or Madam:				
The enclosed withdra	wal and fee(s) are submitte	ed for filing.		
Please return all corre	espondence concerning this	matter to the following	:	
Bever	/y Co/e (Name of Person)			
Non	(Firm/Company)			10 DEC 15 AM 11: CO
	(Firm/Company)			SSS
568	Arch Place	e		EE, FLS
	(Address)			題。
6lenc	Arch Plac (Address) Lale California (City/State and Zip Cod	F 91206		OF.
For further information	on concerning this matter, p	please call:		
Severy Co	me of Person)	at (<u>8/8</u> (Area Code &	Daytime Telephone Number)	
Registration Division of C Clifton Build 2661 Execut	Corporations	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314	
Enclosed is a check f	for the following amount:			
S25 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

CR Foods Jell LC (Name of limited liability company)			
(Name of limited liability company)	<u> </u>		
De laurau (Jurisdiction of its organization)			
M 0 8 0 0 0 0 0 2 4 6 9 (Florida Document Number)			
This limited liability company is no longer transacting business in Florida and sur authority to transact business in this state.	renders	s its	
This limited liability company revokes the authority of its registered agent to accept its behalf and appoints the Department of State as its agent for service of process cause of action arising during the time it was authorized to transact business in Florida	service based o	e on on a	
568 Arch Place (Mailing address)			
Glendale Calif 91206 (City/State/Zip)			
The limited liability company agrees to notify the Department of State in the fut change in its mailing address.	ure of	any	
(Signature of member or authorized representative of a member)			
(Typed or printed name of signee)	SECRETARY OF STA	10 DEC 15	
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Filing Fee: \$25.00