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S. HAWKES
JUN 1 5 2010
EXAMINER

FERRIS MANAGEMENT GROUP, LLC 30955 NORTHWESTERN HWY FARMINGTON HILLS, MI 48334-2580

Request taken by: thampton 05-20-2010

The forms you recently requested from this office are:

(1) 315. Withdrawal FOR LLC

Should you have any questions or need any further information, please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

COVER LETTER

TO:

Registration Section

Division o	of Corporations			
eunicon. Feri	ris Management Group	LLC		
SUBJECT: 1 on	SUBJECT: Ferris Management Group, LLC (Name of Foreign Limited Liability Company)			
Dan Cara Madan				
Dear Sir or Madam				
The enclosed withd	lrawal and fee(s) are submitte	ed for filing.		
Please return all con	rrespondence concerning this	s matter to the following	;	
Gerard B Jarbo	ne Controller			
Ociala B darbe	(Name of Person)			
Ferris Manage	ement Group, LLC			
	(Firm/Company)			
30955 Northw				
	(Address)			
Farmington Hi	lls, MI 48334-2580			
	(City/State and Zip Cod	le)		
For further informa	tion concerning this matter, p	blease call:		
Gerard B Jarb	oe x 2400	at (248	737 1300	
4)	Name of Person)	(Area Code &	Daytime Telephone Number)	
Registratio Division o Clifton Bu 2661 Exec	f Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check	k 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

		6
Ferris Management Group		
	(Name of limited liability company)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Michigan		
	(Jurisdiction of its organization)	The state of the s
M08000002527		
	(Florida Document Number)	
This limited liability compa authority to transact business	any is no longer transacting business s in this state.	s in Florida and surrenders its
This limited liability compa its behalf and appoints the cause of action arising durin	ny revokes the authority of its registe Department of State as its agent for g the time it was authorized to transac	ered agent to accept service on service of process based on a t business in Florida.
30955 Northw	vestern Hwy	
	(Mailing address)	
Farmington Hills	s, MI 48334-2580 (City/State/Zip)	
The limited liability compachange in its mailing address	iny agrees to notify the Department	of State in the future of any
	les SOP AUTHORIZED	AGENT
(Signature of member or aut	horized representative of a member)	
Mark G Fecher	Senior Vice President	_
(Typed or printed name of si	gnee)	

Filing Fee: \$25.00