

MO80UUUU 2546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

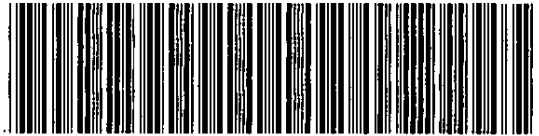
(Business Entity Name)

(Document Number)

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09 AUG - 3 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

AUG - 4 2009

EXAMINER

GRAHAM & DUNN PC

July 29, 2009

WENDY M. BERRY
BUSINESS TRANSACTIONS PARALEGAL
206.624.8339
wberry@grahamdunn.com

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

FILED
AUG -3 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Mica Spa Solutions, LLC

Dear Sir or Madam:

Enclosed is an original and one copy of the Application by Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida for filing on behalf of Mica Spa Solutions, LLC. Also enclosed is a check in the amount of \$25 to cover the filing fee. Please forward a copy of the "filed" Application to us at the address noted above. Thank you.

Please call me if you have any questions.

Sincerely,

GRAHAM & DUNN PC

Wendy M. Berry
Wendy M. Berry
Business Transactions Paralegal

/wmb

Enclosures

m38662-1244282.doc

Pier 70
2801 Alaskan Way ~ Suite 300
Seattle WA 98121-1128
Tel 206.624.8300
Fax 206.340.9599
www.grahamdunn.com

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

Mica Spa Solutions, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

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.

6300 N Sagewood Dr Ste H #438

(Mailing address)

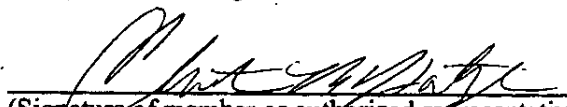
Park City

UT

84098

(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)

Christina Hatzfeld

(Typed or printed name of signee)

Filing Fee: \$25.00

FILED
09 AUG -3 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA