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| (Requestor's Name)                      |  |  |  |  |
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| (Address)                               |  |  |  |  |
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| (Address)                               |  |  |  |  |
| <b>,</b>                                |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| (City/State/2/p/Fillone #)              |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
|   |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
|   |  |  |  |  |
| (Document Number)                       |  |  |  |  |
|   |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |  |
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Office Use Only



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TALL ANASSEE, FLORID

T. CLINE

JAN 19/2010

**EXAMINER** 

MO8. 3/16/0

### MAY LAW, PC 3700 West Devon Ave., Suite E Lincolnwood, IL 60712 (847) 675-1052

January 13, 2010

#### VIA UPS

Florida Department of State Division of Corporations - Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: RD Asset Management, LLC

Dear Sir or Madam:

I have enclosed an executed Application By Foreign LLC For Withdrawal of Authority to Transact Business in Florida and a copy thereof for RD Asset Management, LLC. I have also enclosed a check, in the amount of \$25.00, to cover the filing fee. Kindly, return a file-stamped copy of the form. If you have any questions regarding the foregoing, please contact me.

Very truly yours,

Andrew S. May

ASM Enclosures

#### **COVER LETTER**

| TO: Registration Section Division of Corporation  | s                         |                          |   |        |
|---|---------------------------|--------------------------|---|--------|
| SUBJECT: RD ASSET MA  |                           |                          |   |        |
|   | (Name of Foreign Lin      | mited Liability C        | ompany)   |        |
| Dear Sir or Madam:  |                           |                          |   |        |
| The enclosed withdrawal and fee   | (s) are submitted for fil | ing.                     |   |        |
| Please return all correspondence  | concerning this matter    | to the following:        |   |        |
| Julie Wulstat   |                           |                          |   |        |
| (Name   | of Person)                |                          |   | TALL   |
| May Law, PC   |                           |                          |   | AHAS   |
| (Firm/  | Company)                  |                          |   | SEC    |
| 3700 West Devon Ave.  | <del></del>               |                          |   | T 1080 |
| Lincolnwood, IL 60712   |                           |                          |   |        |
| (City/S   | tate and Zip Code)        |                          |   |        |
| For further information concerning  | ng this matter, please ca | ali:                     |   |        |
| Julie Wulfstat  |                           | · (/                     | 675-1052  |        |
| (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 follo   | owing amount:             |                          |   |        |
|   |                           | Filing Fee & tified Copy | \$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

| RD ASSET MANAGEMENT, LLC  |  |
|---|--|
| (Name of limited liability company)   |  |
| DELAWARE  |  |
| (Jurisdiction of its organization)  | ·  |
| This limited liability company is no longer transacting business in Floriauthority to transact business in this state.  | da and surrenders its  |
| This limited liability company revokes the authority of its registered agent its behalf and appoints the Department of State as its agent for service of cause of action arising during the time it was authorized to transact business | t to accept service on<br>if process based on a<br>s in Florida. |
| MCW Plaza - 255 Ponce DeLeon Ave., Suite 305  |  |
| (Mailing address)   |  |
| San Juan, PR 00917 (City/State/Zip)   |  |
| (ON)/ONIO/ZIP)  |  |
| The limited liability company agrees to notify the Department of State change in its mailing address.   | in the future of any   |
| (Signature of member or authorized representative of a member)  | 75 B   |
| Ramon Dominguez   |  |
| (Typed or printed name of signee)   | 2010 JAN 15 PH12:<br>SECRETARY OF STA                            |

Filing Fee: \$25.00