## M08000002764

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## **COVER LETTER**

	gistration S vision of C	Section orporations	,	,		
SUBJECT:	SENIOR LONGEVITY PROGRAM, L.L.C.					
SOBJECT.		(Name of For	reign Limited Liabi	lity Compa	ny)	
Dear Sir or	Madam:					
The enclose	d withdrav	val and fee(s) are submitte	d for filing.			
Please return	n all corres	pondence concerning this	matter to the follow	ving:		
TERRY	DUNCAI	N				
		(Name of Person)				
AIA, LLC	;					
		(Firm/Company)				
2650 MC	CORMI	CK DR STE 200S				
		(Address)				
CLEARV	VATER,	FL 33759				
		(City/State and Zip Cod	le)			
For further i	information	o concerning this matter, p	lease call:			
TERRY DUNCAN			727 at (	<b>216</b>	6-0859	
	(Nan	ne of Person)		de & Daytin	ne 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 fo	or the following amount:				
<b>2</b> \$25 Filin	g Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee Certified Copy	•	60 Filing Fee, Certificate of Status & Certified Copy	

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

SENIOR LONGEVITY PROGRAM, L.L.C.
(Name of limited liability company)
DELAWARE
(Jurisdiction of its organization)
06/10/2008
(Date registered with Florida Department of State)
M0800002764
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
(Signature of authorized representative)  TIMOTHY NORTH
(Typed or printed name of signee)

Filing Fee: \$25.00