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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

APR 1 3 2010

EXAMINER

COVER LETTER

	on Section of Corporations			
SUBJECT: ITA	L Kitchens/Cosentino J			
	(Name of For	reign Limited Liability (Company)	
Dear Sir or Madam	:			
The enclosed withdrawal and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Tyler Adams				
(Name of Person)				
Cosentino North America				
(Firm/Company)				
8665 Hudson	Blvd, STE 100B			
	(Address)			
Lake Elmo, MN 55042				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Tyler Adams		at (651	783-5704	
<u></u>	Name of Person)		Daytime Telephone Number)	
	COURIER ADDRESS:	MAILING ADDRESS:		
Registratio	n Section f Corporations	Registration Section Division of Corporations		
Clifton Bu		P.O. Box 6327		
2661 Exec	utive Center Circle	Tallahassee, Florida 32314		
Tallahasse	e, Florida 32301			
Enclosed is a check	k for the following amount:			
△ \$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	S55 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

ITAL Kitchens/Cosentino Joint Venture, LLC
(Name of limited liability company)
Texas
(Jurisdiction of its organization)
W08000002377
(Florida Document Number)
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.
8665 Hudson Blvd., STE 100B (Mailing address)
Lake Elmo, MN 55042 (City/State/Zip)
(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)
Timothy Walsh, Secretary
(Typed or printed name of signee)

Filing Fee: \$25.00

SECRETARY OF STATE
JIVISION OF CORPORATIONS