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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: The Fish Harder Companies, LLC	
(Name of Foreign 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:	
Gregory Scott Smith	
(Name of Person)	
Smith Frohwein Tempel Greenlee Blaha, LLC (Firm/Company)	
(
Two Ravinia Drive, Suite 700	
(Address)	
Atlanta Georgia 30346	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Gregory Smith <u>at (404</u>) 643-3430	
(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 following amount:	
▼ \$25 Filing Fee \$30 Filing Fee & \$55 Filing Fee & \$60 Filing Fee, Certificate of Status	

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

The Fish Harder Companies, LLC	
(Name of limited liability company)	_
Georgia	
(Jurisdiction of its organization)	
This limited liability company is no longer transacting business in Florida an authority to transact business in this state.	d surrenders its
This limited liability company revokes the authority of its registered agent to a its behalf and appoints the Department of State as its agent for service of procause of action arising during the time it was authorized to transact business in Fl	ccept service on cess based on a orida.
1165 Northcase Parkway, 4th Floor	
(Mailing address)	
Marietty, GA 30067	
(City/State/Zip)	
The limited liability company agrees to notify the Department of State in the change in its mailing address.	e future of any
	09 SEC TALL
(Signature of member or authorized representative of a member)	9 API CRE
Gregory Scott Smith	APR 20 CRETARY LAHASSE
(Typed or printed name of signee)	O PHI2: 3

Filing Fee: \$25.00