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ALLAMASSEE FLORIDA

K.SALY EXAMINER JAN 2 4 2013

## COVER LETTER. .

Registration Section

TO:

Division of Corporations			
SUBJECT: De	ESOLE GROUP (Name of For	P LLC	Company
	(Name of For	reign Limited Liability (	Company)
Dear Sir or Madam:			
The enclosed withdra	awal and fee(s) are submitte	d for filing.	
Please return all corre	espondence concerning this	matter to the following	:
LIANA	QUIROS (Name of Person)		
	(Name of Person)		
	(Firm/Company)		
	_	_	
20000	OAK FAIRW	AKS CT.	
	(Address)		
Estero	OAK FAIRW. (Address)  FL 33 (City/State and Zip Cod	928	
/	(City/State and Zip Cod	le)	
For further information	on concerning this matter, p	lease call:	
LIANA	OviRos	at ( 239	) 405-2295 Daytime Telephone Number)
(Na	me of Person)	(Area Code &	Daytime Telephone Number)
Registration Division of Clifton Buil 2661 Execu	Corporations	Regist Divisio P.O. B	AING ADDRESS: ration Section on of Corporations tox 6327 assee, Florida 32314
Enclosed is a check	for the following amount:		
	- 4		m *** = W =
□ \$25 Filing Fee	\$30 Filing Fee & Certificate of Status	\$55 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

DESOLE GROUP, LLC (Name of limited liability company)
(Name of limited liability company)
STATE OF DELAWARE (Jurisdiction of its organization)
(Jurisdiction of its organization)
M08000003561
(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.
20000 OAK FAIRWAYS CT. (Mailing address)
(Mailing address)
Estero, Fr. 33928 (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.  Olivery (Signature of member or authorized representative of a member)  LIANA QUIROS
(Typed or printed name of signee)

Filing Fee: \$25.00