Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H1100024233731))



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To:

Division of Corporations

Fax Number

: (850)617-6}83

From:

Account Name : C T CORPORETION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5368

## LLC DISSOLUTION OR WITHDRAWAL 1-595 BIDCO LLC

Certificate of Status	0
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G. MCLEOD

OCT - 7 2011

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: I-595 BIDCO LLC		
(Name of Foreign Limited Liability Company)	•	
Dear Sir or Madam:		
The enclosed withdrawai and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Anna bonirace		
(Name of Person)		
Macquant Capital (USA) Inc. (Firm/Company)		
125 West 55th Street 9 mpc (Address)		
New York, NY 17019 (City/Sisto and Zip Code)		
Por further information concerning this matter, please call:		
Shemeria St. Cloud at (212) i.31 - 0000 (Name of Person) (Area Code & Dayt me Telephone Number)	<del></del>	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Cliffon Building Division of Corporations Cliffon Building Division of Corporations P.O. Box 63:7 Tallahassee, Florida 32314 Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$25 Filing Fee \$25 S30 Filing Fee & \$25 Filing Fee & Certificate of Status Certified Copy Certified Copy		

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

(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
M08000003652	
(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.	
125 West 55th Street	
(Mailing address)	
New York, NY 10019	
(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 of authorized representative of a member)	
Lana Barriace Du	
Typed or printed name of signee)	9

Filing Fee: \$25.00