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SECRETARY OF STATE
TALL-AHASSEE, FLORIDA

C. LEWIS

MAY 2 7 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
AMPROSE RESOLIBOES LLO
SUBJECT: AMBROSE RESOURCES, 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:
PEGGY WANTUCK
(Name of Person)
AMBROSE RESOURCES, LLC (Firm/Company)
(Child Company)
2300 MEIJER DRIVE, SUITE 150
(Address)
TROY, MI 48084
(City/State and Zip Code)
For further information concerning this matter, please call:
PEGGY WANTUCK at (248) 655-2300
(Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314
Tallahassee, Florida 32301
Enclosed is a check for the following amount:
\$25 Filing Fee \$\times \text{S55 Filing Fee & S60 Filing Fee, Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy}\$\$ Certificate of Status \$\text{Certified Pee, Certificate of Status }\text{Certified Pee, Certificate of Status}\$\$
Certified Copy

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

AMBROSE RESOURCES, LLC	MD8000004429
(Name of limited l	liability company)
MICHIGAN	
(Jurisdiction of i	its organization)
This limited liability company is no longer tra authority to transact business in this state.	insacting business in Florida and surrenders its
This limited liability company revokes the authorits behalf and appoints the Department of State cause of action arising during the time it was authority to the control of	ority of its registered agent to accept service on a sits agent for service of process based on a horized to transact business in Florida.
2300 MEIJER DRIVE, SUITE 1: (Mailing	50 address)
TROY, MI 48084-7145	
(City/St	ate/Zip)
The limited liability company agrees to notify change in its mailing address.	the Department of State in the future of any
	7 7 28
(Signature of member or authorized representative	ve of a member)
Robert D. Ambrose	ve of a member)
(Typed or printed name of signee)	
	E.F.
	OR!

Filing Fee: \$25.00