M08000	004483	
(Requestor's Name) (Address) (Address)	100157233551	
(City/State/Zip/Phone #)	06/26/0901010004 ***25.00 Og JUN 26 PH 12: 32 TALLA HASSEE. FLORIDA	
Office Use Only	D. BRUCE JUN 2 9 2009 EXAMINER	

COVER LETTER	
TO: Registration Section Division of Corporations	
SUBJECT: RAD Beverages, 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:	
Daniel Sorensen (Name of Person)	
RAD Beverages LLC (Firm/Company)	
(Address) (Address) Blackfoot, ID 83221 (City/State and Zip Code)	FILED 09 JUN 26 PM 12: 32 TALLAHASSEE, FLORIDA
For further information concerning this matter, please call:	DA BA
Daniel Sorensen at (208) (80-7671 (Name of Person) (Area Code & Daytime Telephone Number)	

\$55 Filing Fee &

Certified Copy

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STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

## MAILING ADDRESS: Registration Section Division of Corporations

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

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So Filing Fee & Certificate of Status **\$60 Filing Fee,** Certificate of Status & Certified Copy

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

Beverages L ame of limited liability dompany) (Jurisdiction of its organization)

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.

63 W. 215 N. (Mailing address) BlackFoot ID 832 ID 83. (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)

(Typed or printed name of signee)

SECRETARY	92 NUL 60	
OF STATE	PH 12: 32	Ē

Filing Fee: \$25.00