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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023 : (850)222-1092

Fax Number

: (850)878-5368

LLC DISSOLUTION OR WITHDRAWAL SHANER INVESTMENTS I, LLC

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CT CORPORATION

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COVER LETTER

	istration Section ision of Corporations			
SUBJECT:	Shaner Investments I, LLC			
	(Name of For	eign Limited Liability Company)		
Dear Sir or N	4ndam:			
The enclosed	withdrawal and fee(s) are submitted	d for filing.		
Please return	all correspondence concerning this	matter to the following:		
Nancy Rush				
	(Name of Person)	-		
Shaner Inves	(ments I, LLC	· · · · · · · · · · · · · · · · · · ·		
	(Firm/Company)			
1965 Waddle				
	(Address)			
State College				
	(City/State and Zip Code)		
For further in	formation concerning this matter, pl	ease call:		
Nancy Rush		at (814) 278-7212		
	(Name of Person)	(Arca Code & Daytime Telephone)	Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MATLING ADDRESS; Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a	check for the following amount;			
苗 \$25 Filing	Fee \$30 Filing Fro & Certificate of Status	□ \$55 Filing Fee & Certified Copy Certified Copy Certified Copy	tatus &	

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

(Name of limited liability company)			
Delaware			
(Jurisdiction of its organization)			
M08000005445			
(Florida Document Number)			
This limited liability company is no longer transacting business in Florida and surreauthority to transact business in this state.	iders its		
This limited liability company revokes the authority of its registered agent to accept se its behalf and appoints the Department of State as its agent for service of process bas cause of action arising during the time it was authorized to transact business in Florida.	rvice on ed on a		
1965 Waddle Road			
(Mailing address)			
State College, PA 16803			
(City/State/Zip)			
The limited liability company agrees to notify the Department of State in the future change in its mailing address.	of any		
Grant Whole			
(Signature of member or authorized representative of a member)			
George P. Wolfe, Secretary	3 g		
(Typed or printed name of signee)	<u></u> • • •	<u> </u>	
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