## m090000000196

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## **COVER LETTER**

TO: Registration Division of	Section Corporations					
SUBJECT: Forta	ce LLC		C			
	(Name of For	eign Limited Liability	Company)			
Dear Sir or Madam:						
The enclosed withdra	wal and fee(s) are submitte	d for filing.				
Please return all corre	espondence concerning this	matter to the following	j;			
Geoff Fischer				TAL SE	201	
	(Name of Person)			E SE	061	
Fortace LLC				TARY	2010 OCT 18 PM 14	
	(Firm/Company)			SF S	3	
				ORIE ORIE		نت
300 South Gran	nd Avenue, Suite 30	0		<b>3</b> >	رنگ)	•
	(Address)					
Los Angeles, C	A 90071					
	(City/State and Zip Cod	e)	•			
For further information	on concerning this matter, p	olease call:				
Geoff Fischer		<sub>at (</sub> 213	542-3603			
(Na	ume of Person)		Daytime Telephone Number)			
Registration Division of Clifton Buil	Corporations ding	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327				
	tive Center Circle , Florida 32301	Tallahassee, Florida 32314				
	for the following amount:			•		
☑ \$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	S55 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

, . · · · · · · .

Fortace LLC
(Name of limited liability company)
California
(Jurisdiction of its organization)
M0900000196
(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.
300 South Grand Avenue, Suite 300
(Mailing address)
Los Angeles, CA 90071
Los Angeles, CA 90071
(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.
(Signature of member of authorized representative of a member)
Geoff Fischer
(Typed or printed name of signee)

Filing Fee: \$25.00