## M09000000754

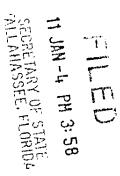
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J. BRYAN

JAN -5, 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration Division of	Section Corporations			
SUBJECT:	COSSIVE SOL (Name of Fo	UTLOUS SRU reign Limited Liability	Company)	<u></u>
Dear Sir or Madam:				
The enclosed withdra	wal and fee(s) are submitte	ed for filing.		
Please return all corre	espondence concerning this	s matter to the following	;	
REBUC	(Name of Person)	······································		
COBENT	STUTIOUS G (Firm/Company)	Roupuc		11 JAN-4 PN 3:5
PO BOX	(Address)			-4 PN 3:58 ASSEE, FLORID
LERIN	(City/State and Zip Cod	40577 lc)		**************************************
For further information	n concerning this matter, p	blease call:		
BECKY (Nas	ne of Person)	at ( <u>859</u> (Area Code &	259-0300 Daytime Telephone Number)	<u>x 2</u> 08
Registration Division of C Clifton Build 2661 Executi	Corporations	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314	
Enclosed is a check f	or the following amount:			
□ \$25 Filing Fee	\$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	S60 Filing Fee, Certificate of Status & Certified Copy	

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

Court Sourrous Grow LLC (Name of limited liability company)
(Manie of milital nativity company)
(Jurisdiction of its organization)
(Jurisdiction of its organization)
<u>M0900000754</u> (Florida Document Number)
(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.
Po Box 11686 (Mailing address)
LEXINGTON KY 40577 (City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
Sandle
(Signature of member or authorized representative of a member)
JAMES D. Sm 1777
(Typed or printed name of signee)
TAMES D. Sm rrtt (Typed or printed name of signee)  AND THE STANDARY OF STANDA
TAMES D. Sm rrtt (Typed or printed name of signee)  LANGE OF STATE

Filing Fee: \$25.00