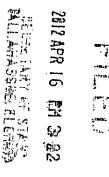
m09000001363

| (Re | questor's Name) | | | |
|---|-------------------|-------------|--|--|
| (Ad | dress) | | | |
| (Ad | dress) | | | |
| (Cit | y/State/Zip/Phone | ⇒ #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nan | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | . LUNT | | |



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Office EXAMINER



1965 WADDLE ROAD STATE COLLEGE, PA 16803

PHONE: (814) 234-4460

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

In Re: MattS, LLC

Dear Sir or Madame:

Enclosed please find Application by Foreign Limited Partnership for Withdrawal of Authority to Transact Business in Florida on behalf of the above referred to entity together with a check in the amount of \$25 for the filing fee. Please return to Mr. Ben Eltz a copy of the filed withdrawal.

Very truly yours,

Nancy H. Rush Legal Assistant

Enclosures

COVER LETTER

Registration Section

TO:

| Division of | Corporations | | | |
|--------------------------------|---|------------------------------------|---|---------|
| SUBJECT: MattS | s, LLC | | | |
| | (Name of Fo | reign Limited Liability | Company) | |
| Dear Sir or Madam: | | | | |
| The enclosed withdr | rawal and fee(s) are submitte | ed for filing. | | W 14 |
| Please return all corr | respondence concerning this | s matter to the following | : | |
| Ben Eltz | | | | |
| | (Name of Person) | | • | 11 th |
| | | | | |
| Shaner Investments | | | | , files |
| | (Firm/Company) | | • | |
| 1965 Waddle Road | | | | |
| | (Address) | | | |
| State College, PA 16 | 5803 | | | |
| | (City/State and Zip Coo | le) | | |
| For further informati | ion concerning this matter, p | please call: | | |
| Ben Eltz | | at (814 |) 234-0850 | |
| (Na | ame of Person) | (Area Code & | Daytime Telephone Number) | |
| STREET/COURIER ADDRESS: | | | ING ADDRESS: | |
| | Registration Section Registration Section Division of Corporations Division of Corporations | | | |
| Clifton Building P.O. Box 6327 | | | | |
| 2661 Execu | itive Center Circle , Florida 32301 | Tallahassee, Florida 32314 | | |
| Enclosed is a check | for the following amount: | ; | | |
| ■ \$25 Filing Fee | ■ \$30 Filing Fee & Certificate of Status | □ \$55 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

| MattS, LLC | | | | | |
|---|-------------------|--|--|--|--|
| (Name of limited liability company) | 2. 7.3 | | | | |
| | 73 | | | | |
| Delaware | <u> </u> | | | | |
| (Jurisdiction of its organization) | 97 T | | | | |
| M09000001363 | | | | | |
| (Florida Document Number) | The RD | | | | |
| This limited liability company is no longer transacting business in Florida and sur authority to transact business in this state. | renders its | | | | |
| 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. | | | | | |
| 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 futchange in its mailing address. | ure of any | | | | |
| (Signature of member or authorized representative of a member) | | | | | |
| BENJAMIN P. ELT Z (Typed or printed name of signee) | | | | | |

Filing Fee: \$25.00