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OIVISION OF COMPORNTIONS
TALL THANSSEE FLORIDA

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T. HAMPTON

JAN 2 2 2010

EXAMINEF

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CVO Riders Grase Com LLC (Name of Limited Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mike Soft
(Name of Person)
(Firm/Company) 12 16 Mceler Rd. (Address)
Tellehersee, FL 72-3/2
(City/State and Zip Code)
For further information concerning this matter, please call: M. K. Scatt at Say - 05-37 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Alea code & Daytime Telephone Namber)
Enclosed is a check for the following amount:
\$25.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

CVO Rider Garese.com LLC
(Name of limited liability company)
De/swere
(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.
18 16 Madein Rd.
(Walling address)
City/State/Zip) 123/2
(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)
Michael G. Scott
(Typed or printed name of signee)

Filing Fee: \$25.00

TO JAN 22 PM 12: 22

SESSECTION OF SENSE