

MO9000001846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

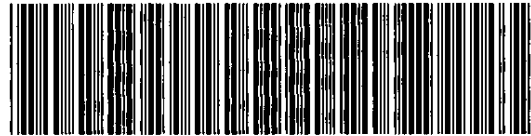
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
10 AUG 20 AM 11:41  
TALLAHASSEE, FLORIDA  
DEPT. OF STATE

S. HAWKES

AUG 23 2010

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BERMUDA PARTNERS LLC  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LINCOLN POWER  
(Name of Person)

BERMUDA PARTNERS LLC  
(Firm/Company)

943 SW 5TH STREET  
(Address)

BOCA RATON, FL 33486  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
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**

**BERMUDA PARTNERS LLC**

(Name of limited liability company)

**STATE OF DELAWARE**

(Jurisdiction of its organization)

**M09000001846**

(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.

**943 SW 5TH STREET**

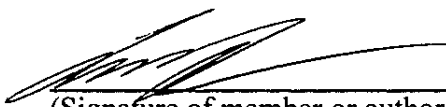
(Mailing address)

**BOCA RATON, FL 33486**

(City/State/Zip)

FILED  
10 AUG 20 AM 11:41  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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)

**LINCOLN POWER**

(Typed or printed name of signee)

**Filing Fee: \$25.00**