## M0900002693

(Re	equestor's Name)	
(Ad	dress)	,
(Address)		<u> </u>
(Cit	ty/State/Zip/Phone	· #)
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 IN 22 PM 3: 46

## **COVER LETTER**

TO: Registration Section Division of Corporations	<i>3</i> 8	
SUBJECT: JL Fairview (Name of Form	LLC eign Limited Liability Company)	
Dear Sir or Madam:		
The enclosed withdrawal and fee(s) are submitted	d for filing.	
Please return all correspondence concerning this	matter to the following:	
Janelle Larson (Name of Person)		
JL Fairview, LLC (Firm/Company)		
6211 Washington Circ	ccle	
Waywatosa WI 532 (City/State and Zip Code	213	
For further information concerning this matter, p  Tanelle Larson	at (414) 803-5042	
(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 \$25 Certificate of Status	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

JL Fairview, LLC (Name of limited liability company)
State of Wisconsin (Jurisdiction of its organization)
M0900002693 (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.
6211 Washington Cipcle (Mailing address)
Warwatosa, WI 532/3 (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)
(Signature of member of authorized representative of a member)  Tanelle L.C. Larson
(Typed or printed name of signee)

Filing Fee: \$25.00