M0900000003553

(Requestor's Name)			
(Address)			
(Address)			
,			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
wrong form LLC			
LLC			

Office Use Only



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06/16/14--01025--015 **35.00



JUL 2 9 2014 T. HAMPTON

COVER LETTER

TO:

	ion Section of Corporations		
SUBJECT:	applied Bovine (Name of Fo	Consulta reign Limited Liability	LLC Company)
Dear Sir or Madar	m;		
The enclosed with	drawal and fee(s) are submitte	ed for filing.	
Please return all co	orrespondence concerning this	matter to the following	:
Blaine	N. Ellison (Name of Person)		
	(Firm/Company)		
Po Bo	387 (Address)		·
Okeech	Obee FL 3 (City/State and Zip Coo	4973 le)	
	ation concerning this matter, p		
Blaine	Name of Person)	at (<u>63</u> (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		ration Section on of Corporations lox 6327	
Enclosed is a chee	ck 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



July 2, 2014

BLAINE N ELLISON APPLIED BOVINE CONSULTING LLC P O BOX 387 OKEECHOBEE, FL 34973

SUBJECT: APPLIED BOVINE CONSULTING, LLC

Ref. Number: M09000003558

We have received your document for APPLIED BOVINE CONSULTING, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 514A00014331

Tammy Hampton Regulatory Specialist III

www.sunbiz.org

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Applied Boxine Consulting LLC (Name of limited liability company)
(Name of limited liability company)
Dissolved - Organized in Wisconsin (Jurisdiction of its organization)
(Date registered with Florida Department of State)
M 0900003558 (Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
(Signature of authorized representative)
Blaine N. Ellison (Typed or printed name of signee)

Filing Fee: \$25.00

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SECNE WASSEE FLORIDA