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COVER LETTER

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	gistration Section vision of Corporations			
SUBJECT:				
	(Name of For	reign Limited Liability (Company)	
Dear Sir or I	Madam;			Tar e m
The enclose	d withdrawal and fee(s) are submitted	ed for filing.		
Please return	all correspondence concerning this	matter to the following	;	を担じ を関い
				60 K (2) (1)
Joel F. Le	M/M			11/11/195
JOEI I . Le	(Name of Person)			im sa Gjerji
	(Nume of Ferbon)			温温;
50024.15. ml	Par Parker	11.		1774
WAS THE PARTY OF T		, LIC		
	(Firm/Company)			
401 E 80	th St, Suite 15C			
	(Address)			
Now Yor	k, NY 10075			
TACAL TOL	(City/State and Zip Cod	le)		
	(y	1	<u>1</u> .	
For further in	nformation concerning this matter, p	olease call:		
Joel F. Le	evy	_{at (} 917	733-6936	
	(Name of Person)	(Area Code &	Daytime Telephone Number)	
STI	REET/COURIER ADDRESS:	MAII	INC ADDDESS.	
	eistration Section	MAILING ADDRESS: Registration Section		
	ision of Corporations	Division of Corporations		
	ton Building I Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314		
	lahassee, Florida 32301			
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

(Name of limited liability company)
(Company)
New York
(Jurisdiction of its organization)
M0900004052
(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.
401 E 80th St., Suite 15C
(Mailing address)
New York, NY 10075
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in the mailing address.
(Signature of member or authorized representative of a member)
Joel F. Levy
(Typed or printed name of signee)

Filing Fee: \$25.00