#M 09000004580

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

Office Use Only



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K. SALY EXAMINER MAY 2 0 2011

JOHN T. PAXMAN, P.A.

May 17, 2011

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

Re: Kendall CR LLC Withdrawal Certificate

Dear Sir/Madam-

The enclosed application is for Kendall CR LLC, and Ohio Corporation registered to do business in Florida which was revoked for failure to renew. Following this letter, you will find the new corporation registration under the same name. For that registration, and please note the Ohio corporation number is different, we need the name of Kendall CR LLC to become available.

Please withdraw this corporation before proceeding with the remainder of this package.

Our check in the amount of \$35.00 is enclosed.

Please do not hesitate to call should you have any questions.

Thanking you in advance,

lura Vauldman

Lisa Van Orman

Assistant to Mr. Paxman

5615472426 ATTN: KAREN SALY

COVER LETTER

TO: Registration Division of	n Section Corporations		,	
SUBJECT:	KENDALL CR	LLC		
	KENDALL CR (Name of Fo	reign Limited Liability (Company)	
Dear Sir or Madam:				
The enclosed withdr	awal and fee(s) are submitt	ed for filing.		
Please return all corr	espondence concerning thi	s matter to the following	F	
JOHN T.	PAXMAN (Name of Person)			
	(Name of Person)			
JOHN T.	PAYMAN, PA			
»; •	(Firm/Company)			
1832 N	. DIXIE HIGHW (Address)	ny		
1.				
Lake W	Orth Forin	n 33460		
:	(City/State and Zip Coo	ie)		
For further informati	on concerning this matter,	please call:		
JOHN T. 1	PAXMAN	at (561	547-2424 Daytime Telephone Number)	
(Na	unc of Person)	(Area Code &	Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Registi Divisio P.O. Ba	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

KENDALL CR. LLC
(Name of limited liability company)
OHIO SA
(Jurisdiction of its organization)
(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.
676 Bellfontaine Avenue
MARLON, ONIO 43302
(City/State/Zip)
The limited hisbility 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)
JOHN T. Paxman
(Typed or printed name of signee)

Filing Fee: \$25.00