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C. LEWIS
FEB 1 5 2011
EXAMINER

COVER LETTER

TO: Registration Division of C				
SUBJECT: F:	Name of For	Quantes S reign Limited Liability (Company)	
Dear Sir or Madam:				
The enclosed withdraw	wal and fee(s) are submitte	ed for filing.		
Please return all corre	spondence concerning this	matter to the following	g	
<u>Gail</u>	(Name of Person)			
FASC	(Firm/Company)			
1601 co	Pper Point R (Address)	Le nu		
Olympi	(City/State and Zip Coo	<u>さつ</u> ユ (b)		
For further informatio	n concerning this matter, p	please call:		
(Nar	Gateley ne of Person)	at (<u>360</u> (Area Code &) <u>866-2345 e++ 4</u> 13 Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Regist Divisi P.O. B	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check f	or the following amount:	1		
\$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)
Washington State (Jurisdiction of its organization)
M10000000230 7ax il = 27-1585093 (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.
1601 COOPER Point ROAD NW (Mailing address)
Olympia WA 98502 (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)
(Typed or printed name of signee)

Filing Fee: \$25.00

WECHETARY OF STATE