## M1000000313

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## **COVER LETTER**

TO:

	gistration Section vision of Corporations	•	·
SUBJECT:	ADJP Management, L.L.C. (Name of For	cign Limited Liability	Company)
Dear Sir or l	Madam:		
The enclose	d withdrawal and fee(s) are submitted	I for filing.	
Please return	n all correspondence concerning this	matter to the following	:
Deborah	Axman (Name of Person)		
East Wes	st Partners of Virginia, Incorp	porated	
14700 Vil	llage Square Place		
Midlothia	n, Virginia 23112		
	(City/State and Zip Code	:)	
For further in	nformation concerning this matter, pl	ease call:	
Thomas i	E. Carr	<sub>at (</sub> 505	474-5210
	(Name of Person)		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 Tallahassec, Florida 32314	
	a check for the following amount:		
■ \$25 Filing	g 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

ADJP Management, L.L.C.	
(Name of limited liability company)	_
Commonwealth of Virginia (Jurisdiction of its organization)	
(Jurisdiction of its organization)	
M100000313	_
(Florida Document Number)	
This limited liability company is no longer transacting business in Florida and surrenders is authority to transact business in this state.	ts
This limited liability company revokes the authority of its registered agent to accept service on in pehalf 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.	ts se
14700 Village Square Place	
(Mailing address)	
Midlothian, Virginia 23112	
(City/State/Zip)	
The limited liability company agrees to notify the Department of State in the future of any change its mailing address.	;e
Signature of member or authorized representative of a member)	<u>~</u>
4. CLEM CARUSCE IT	NYF ELE
Typed or printed name of signee)	
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Filing Fee: \$25.00