## m 10000000391

(Re	questor's Name)	
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B. BOSTICK

MAR - 5 2013

EXAMINER

## **COVER LETTER**

TO: Registration Division of	Section Corporations					
SUBJECT: JD.	IT, LLC	4014				
	(Name of For	eign Limited Liability (	Company)			
Dear Sir or Madam:						
The enclosed withdra	wal and fee(s) are submitte	d for filing.				
Please return all corre	espondence concerning this	matter to the following	:			
Pea	rl Polifka					
	(Name of Person)					
Do	rnbush Schaeffer Strongin (Firm/Company)	& Venaglia, LLP				
74	7 Third Avenue					
	(Address)			$\mathbf{E}_{i}$	- <u>-</u>	
Ne	w York, New York 1001	7			13 MāR	· <u></u> [
	(City/State and Zip Cod	e)		HASS:	1-	****** F1 ****
For further informati	on concerning this matter, p	oleuse call:		EE, FLORID	P	
Pearl Polifka		at ( 212	759-3300		<u>က</u>	
(Na	ane of Person)	(Area Code &	Daytime Telephone Number)	A	0	
Registration Division of Clifton Buil 2661 Execu	Corporations	Regist Divisi P.O. E	ING ADDRESS: ration Section on of Corporations 30x 6327 assee, 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

JDJT, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
M10000000391
(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.
c/o Tina Guberman, 667 Madison Avenue, 3rd Floor (Mailing address)
New York, New York 10065
(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)  Tina Guberman, Manager  (Typed or printed name of signce)

Filing Fee: \$25.00