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SECRETARY OF STATE

D. BRUCE FEB 1 5 2011 EXAMINER

COVER LETTER

Registration Section

TO:

Division of Corporations				
SUBJECT: 112 Glen Street, LLC				
	reign Limited Liability	Company)		
Dear Sir or Madam:				
The enclosed withdrawal and fee(s) are submitted	ed for filing.			
Please return all correspondence concerning this	-	g:		
Peter Castellana Jr.		_		
(Name of Person)				
112 Glen Street LLC				
(Firm/Company)		-		
129 Birch Hill Road				
(Address)		=	$\tilde{\mathbf{p}}_{i,n}$	
Locust Valley, NY 11560		er gaper Selection	TE PE	
(City/State and Zip Cod	le)	•	FEB 14 ORETARY AHASSE	
For further information concerning this matter, p	olease call:		Y OF STATE SEE. FLORIDA	TILE
Danielle Aristy	_{at (} 516	₎ 671-2560	STATI ORIG	D
(Name of Person)	(Area Code &	Daytime Telephone Number)	D 00	
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 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
□ \$25 Filing Fee 2 \$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

112 Glen Street, LLC	
(Name of limited liability company)	
New York State	
(Jurisdiction of its organization)	
M1000000769	
(Florida Document Number)	
This limited liability company is no longer transacting business in Fauthority to transact business in this state.	lorida and surrenders its
This limited liability company revokes the authority of its registered a its behalf and appoints the Department of State as its agent for servicause of action arising during the time it was authorized to transact busing the time it was authorized to transact business.	gent to accept service on ce of process based on a ness in Florida.
129 Birch Hill Road	
(Mailing address)	
Locust Valley, NY 11560	
(City/State/Zip)	
The limited liability company agrees to notify the Department of Schange in its mailing address.	tate in the future of any
	11 11 11 11 11 11 11 11 11 11 11 11 11
(Signature of member or authorized representative of a member)	ARE TA
Peter Castellana Jr.	SE A
(Typed or printed name of signee)	PHIZ 16

Filing Fee: \$25.00