M1000000397

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO:

TO:			Section Corporations		
SUBJEC	CT:	Blaze	r Boats-Alabama, LL		
			(Name of For	eign Limited Liabili	ty Company)
Dear Sir	or M	adam:			
The encl	osed	withdra	wal and fee(s) are submitte	ed for filing.	
Please re	turn	all corre	espondence concerning this	matter to the follow	ing:
Leslie '	Wee	eks			
			(Name of Person)		
Helms	ing,	Leac	h, Herlong, Newmar (Firm/Company)	n & Rouse, PC	
PO Bo	x 2	767			
,			(Address)		
Mobile	e, Al	_ 366	52		
			(City/State and Zip Cod	e)	
For furth	er in	formatic	on concerning this matter, p	lease call:	
Leslie	We	eks		at (251	432-5521
		(Na	me 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 Tallahassee, Florida 32314			
Enciose 6 ☑ \$25 F.			or the following amount: □ \$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

Blazer Boats-Alabama, LLC
(Name of limited liability company)
Alabama
(Jurisdiction of its organization)
M10000001397
(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 ts 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.
7856 Westside Park Drive, Suite C
(Mailing address)
Makila Al 20005
Mobile, AL 36695 (City/State/Zip)
(Oity/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
But oul
Signature of member or authorized representative of a member)
_eslie G. Weeks
Typed or printed name of signee)

Filing Fee: \$25.00

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SECRETARY OF STATE
TALL ANASSEE, FI ORIO.