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(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phon	e #)		
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COVER LETTER

TO: Registration Division o	on Section f Corporations			
SUBJECT:	(Name of For	ENTERPRINEIGN Limited Liability		·
Dear Sir or Madam	:			
The enclosed withd	rawal and fee(s) are submitte	d for filing.		
Please return all co	rrespondence concerning this	matter to the following	; :	
K	(Name of Person)	/	<u>.</u>	
	(Firm/Company)		-	
	BOX 5419 (Address) AKE WORTH	506	4808 ES LAKE W	EDRACT
	AKE WORTH (City/State and Zip Cod	FL 334!	54/	3346T
For further informa	ation concerning this matter, p	olease call:		•
KA	PEN KELLY Name of Person)	at (<u>56/</u> (Area Code &	965-2813 R Daytime Telephone Number)	
Registratic Division o Clifton Bu 2661 Exec	f Corporations	Regis Divisi P.O. B	LING ADDRESS: tration Section ion of Corporations Box 6327 ussee, Florida 32314	
Enclosed is a check	k 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	

Hunterdon Enterprises LLC P.O. Box 541506 Lake Worth, FL 33454 561-965-2813

email: KarenKelly333@msn.com

November 10, 2013

Florida Department of State Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Dear Sir,

Please process the enclosed forms to withdraw the authority of Hunterdon Enterprises LLC, a foreign limited liability company, to transact business. It is no longer transacting business in Florida.

Thank you

Karen Kelly General Partner

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

HUNTERDON ENTERPRISES LLC (Name of limited liability company)
(Name of limited liability company)
(Jurisdiction of its organization)
M 1 00 00 0 16 20 (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.
Po Box 541506 (Mailing address)
LAKE WORTH FL 33454
(City/State/Zip) The limited liability company agrees to notify the Department of State in the future of any change 5
in its mailing address.
(Signature of member or authorized representative of a member)
KAREN KELLY
(Typed or printed name of signee)

Filing Fee: \$25.00