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(Re	questor's Name)			
(Ad	dress)			
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(Business Entity Name)				
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D. BRUCE

COVER LETTER

TO: Registration Division of	Section Corporations			,	
SUBJECT:	5Hn / Name of Fore	= 2/C eign Limited Liability C	ompany)		
Dear Sir or Madam:					
The enclosed withdra	awal and fee(s) are submitted	d for filing.			
Please return all corr	espondence concerning this	matter to the following:			
BART	(Name of Person)	ockiey			
5.HAL	(Firm/Company)	60			
PP	(Address)	2.66			
TABER	(City/State and Zip Code	0 80	9476		
For further informati	on concerning this matter, p	at (970)	53/-349 Daytime Telephone Number)	13 JA	estropi E
Registratior Division of Clifton Buil 2661 Execu	Corporations	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314	N 18 PH 12: 25	Section of the sectio
Enclosed is a check	for the following amount:			⊼. •	
\$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	S55 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

SHAGENE, UL	
(Name of limited liability company)	
(Jurisdiction of its organization)	
M 1000:000 2379 (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.	
William Floys 12021 Flutlack L. (Mailing address)	N)
FI. MYLAS FL 33912 (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 or authorized representative of a member)	
(Signature of member of authorized representative of a member)	
BARRY J. Locksy (Typed or printed name of signee)	,
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