## 

(Requestor's Name)
- (Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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D. BRUCE

MAY 11 2011

**EXAMINER** 

## **COVER LETTER**

TO:

Registration Section

Division of	Corporations				
SUBJECT:	ADUNAW (Name of Fo	A Y A AS	SOCIATE Company)	3,LC	
Dear Sir or Madam:					
The enclosed withdra	wal and fee(s) are submitte	ed for filing.			
Please return all corre	spondence concerning this	s matter to the following	g:		
JOHN	(Name of Person)	WAY	-		
	(Firm/Company)				
111 BB POMPAN	(Agaress)  OBEACH (City/State and Zip Cod	# 140	.4 3062	THAY 10 PM	
For further information	on concerning this matter, p	olease call:		PH 2:46	_
(Nar	ne of Person)	at (at (Area Code &	Daytime Telephone Number)	70	
Registration Division of C Clifton Build 2661 Executi	Corporations	Regist Divisi P.O. B	ANG ADDRESS: ration Section on of Corporations dox 6327 assee, Florida 32314		
Enclosed is a check f	or 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

JA DUNAWAY + ASSOCIATES, LLC
(Name of limited liability company)
NEVADA
(Jurisdiction of its organization)
M10000002470
(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.
111 BRINY AVE # 1406 (Mailing address)
TOMPANO BEACH, FL 33062 (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)
(Typed or printed name of signee)

Filing Fee: \$25.00