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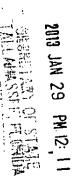
(Red	questor's Name)			
(Add	dress)	i		
(Address)				
(City	- //State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL.		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
·	mor	yu .		

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COVER LETTER

Registration Section

TO:

Division of	Corporations			
SUBJECT: ADJP				
	(Name of Fo	reign Limited Liability	Company)	
Dear Sir or Madam:				
The enclosed withdra	awal and fee(s) are submitte	ed for filing.		
Please return all corr	espondence concerning this	matter to the following	3:	
Deborah Axmar	(Name of Person)		_	
	(Name of Ferson)			
East West Partr	ners of Virginia, Incor	porated	-	
	,			
14700 Village S	quare Place		-	
	(Audress)			
Midlothian, Virg	inia 23112			
<u></u>	(City/State and Zip Coo	le)	-	
For further information	on concerning this matter, p	lease call:		
Thomas E. Carr		at (505	474-5210	1.7.
	ame of Person)		Daytime Telephone Number)	
STREET/C Registration Division of Clifton Buil- 2661 Execu- Tallahassee,	Section Corporations ding tive Center Circle Florida 32301	MAII Regist Divisi P.O. I Tallah	LING ADDRESS: tration Section on of Corporations Box 6327 hassee, Florida 32314	
■ \$25 Filing Fee	for the following amount: ☐ \$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

ADJP, L.L.C.
(Name of limited liability company)
Commonwealth of Virginia
(Jurisdiction of its organization)
M1000002491
(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.
14700 Village Square Place (Mailing address)
(Mailing address)
Midlothian, Virginia 23112 (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)
(Typed or printed name of signee)

Filing Fee: \$25.00