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COVER LETTER

	tion Section of Corporations			
SUBJECT:	Robert K. (Name of Fo	FuHerman reign Limited Liability	1 Associates,	<u> </u>
Dear Sir or Mada	m:			
The enclosed with	ndrawal and fee(s) are submitt	ed for filing.		
Please return all c	correspondence concerning thi	s matter to the following	;	
Mr	Chael Taxir (Name of Person))		
	KF			
	(Firm/Company)			
521	FIFTH Avenue,	7th Floor		
	(City/State and Zip Cod			
For further inform	nation concerning this matter,	please call:		
Michael	Taxin (Name of Person)	at (212 (Area Code &	351-9342 Daytime Telephone Number)	
Registrat Division Clifton B 2661 Exe	T/COURIER ADDRESS: ion Section of Corporations duilding ecutive Center Circle see, Florida 32301	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314	
Enclosed is a che	ck 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	

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

コーフ

Filing Fee: \$25.00