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, (Re	equestor's Name)			
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₩	CO	OVER LETTER	
TO: Registration	n Section Corporations	· 146. 486.	•
4.	,		
SUBJECT: AXIS	CREATIVE LLC	700-101-01-11-11	
	(Name of For	reign Limited Liability (Company)
Dear Sir or Madam:			
The enclosed withdr	awal and fee(s) are submitte	ed for filing.	
Please return all con	respondence concerning this	matter to the following	:
ELAP TAN			
	(Name of Person)	· · · · · · · · · · · · · · · · · · ·	
AXIS CREATIV	FUC		
- 54,0 OHE HIT	(Firm/Company)		
4500 \A/ I/CNINI			
4532 W KENNI	EDY BLVD, STE 239 (Address)		
	, ,		
TAMPA, FL 336			
	(City/State and Zip Cod	le)	
C - 11 C - 11 C - 11 C - 11 C	· · · · · · · · · · · · · · · · · · ·	1 11	
ror further informati	on concerning this matter, p	orease carr:	
Telap Tan		at (404	384-2218
(N	ame of Person)	(Area Code &	Daytime Telephone Number)
STREET/C	COURIER ADDRESS:	MAILING ADDRESS:	
Registration		Registration Section	
Division of Clifton Bui	Corporations	Division of Corporations P.O. Box 6327	
2661 Execu	tive Center Circle , Florida 32301		ox 6327 assee, Florida 32314
Enclosed is a check	for the following amount:	·	
2 \$25 Filing Fee	□ \$30 Filing Fee &	\$55 Filing Fee &	560 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

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

AXIS CREATIVE LLC
(Name of limited liability company)
DELAWARE
(Jurisdiction of its organization)
M1000003429
(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.
4532 W KENNEDY BLVD, STE 239
(Mailing address)
TAMPA, FL 33609
(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)
TELAP TAN
(Typed or printed name of signee) TALLAHASSEE FLORI

Filing Fee: \$25.00