MI 000000 4342

(Requestor's Name)		
•		
(Add	dress)	
, (Aut	uiess)	
•		
(Address)		
(0)	(O) (C) (D)	40
(City	y/State/Zip/Phone	∋ #)
_	_	
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Document Number)		
•	·	
•		
Certified Copies Certificates of Status		
ſ		
Special Instructions to Filing Officer:		
		·
İ		

Office Use Only



800235454218

05/29/12--01027--030 **25.00

SECRETARY OF STATE DIVISION OF CORPORATION

MAY 3 0 2012 T. HAMPTON

and the second

C	OVER LETTER		
TO: Registration Section Division of Corporations			
SUBJECT: Sherpa LLC			
(Name of Fo	oreign Limited Liability C	Company)	
Dear Sir or Madam:			
The enclosed withdrawal and fee(s) are submitt	ed for filing.		
Please return all correspondence concerning this	s matter to the following	:	
Melanie Gilmore			
(Name of Person)			
A			
Sherpa LLC			
(Firm/Company)		•	
	• • •		
1001 Morehead Square Drive Suite	e 600		
(Address)			
Charlotte NC 28203			
(City/State and Zip Co	de)		
For further information concerning this matter,	please call:		
Melanie Gilmore	at (704	374-0001	
(Name of Person)		Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAII	ING ADDRESS:	
Registration Section		Registration Section	
Division of Corporations	Division of Corporations P.O. Box 6327		
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314.		
Tallahassee, Florida 32301		•	
Enclosed is a check for the following amount	: :		
☑ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status	S \$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

Sherpa LLC
(Name of limited liability company)
North Carolina
(Jurisdiction of its organization)
M10000004342
(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.
1001 Morehead Square Drive Suite 600 (Mailing address)
(waiting address)
Charlotte, NC 28203
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
Bad Extend
(Signature of member or authorized representative of a member)
Joseph E. Hanel
(Typed or printed name of signee)

Filing Fee: \$25.00