m10000004350

(Requestor's Name)	<u>, , , , , , , , , , , , , , , , , , , </u>
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B. BOSTICK

MAY - 9 2011

EXAMINER

COVER LETTER

	ion Section of Corporations			
SUBJECT: Ha	rrigan Consultants LLC			
	(Name of Fo	reign Limited Liability	Company)	
Dear Sir or Madar	n:			
The enclosed with	drawal and fee(s) are submitte	ed for filing.		
Please return all co	orrespondence concerning this	matter to the following	; :	
Kalil Harrigan				
<u> </u>	(Name of Person)			
	(Firm/Company)			
4000 NW 51s	st Street, apt M233			11 MAY -4 SEORE (ASS) TALLAHASS
1000 1111 010	(Address)	·		全部 草
	(,			
Gainesville, F	L 32606			
	(City/State and Zip Cod	le)		
For further inform	ation concerning this matter, p	olease call:		PH 2:30 DESTATE DE FLORIDA
Kalil Harrigan		_{at (} 215	620-4727	
(Name of Person)	(Area Code &	Daytime Telephone Number)	
Registrati Division Clifton B 2661 Exe	COURIER ADDRESS: on Section of Corporations uilding cutive Center Circle ee, Florida 32301	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314	
Enclosed is a chec	k 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

Harrigan Consultants LLC
(Name of limited liability company)
Alachua County
(Jurisdiction of its organization)
M10000004350
(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 ts 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.
4000 NW 51st Street, APT M233
(Mailing address)
Gainesville, FL 32606
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
Zelta
Signature of member or authorized representative of a member)
Kalil Harrigan
Typed or printed name of signee)
TALL TI
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Filing Fee: \$25.00