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COVER-LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SELSA II LLC (Name of Foreign Limited Liability Company)	
Dear Sir or Madam:	
The enclosed withdrawal and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Andrea Zucker (Name of Person)	
Zucker Law P.L. (Firm/Company)	
7492 Malib (res (Address)	91 THE LIP
Boca Raton FL 33433 (City/State and Zip Code)	
For further information concerning this matter, please call:	Fig. 1
Andrea Zucker at (917) 453-7822 (Area Code & Daytime Telephone Number)	
(Name of Person) (Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:	
\$25 Filing Fee \$\Bigcup \$30 Filing Fee & Box Status \$55 Filing Fee & Certificate of Status \$\Bigcup \$55 Filing Fee & Certificate of Status & Certified Copy \$\Bigcup \$60 Filing Fee, \$\Bigcup \$Certified Copy \$\Bigcup \$Certified Copy \$\Bigcup \$10 \Bigcup \$10 \B	

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

(Signature of member or authorized representative of a member)	(Name of limited liability company)			
(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. 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)	Jelaware (Jurisdiction of its organization)			_
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. Mailing address		_		
(Mailing address) Bock Reton FL 33433 (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)	This limited liability company is no longer transacting business in Florida an authority to transact business in this state.	d surrer	nders i	its
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				ţ. ge
	(Signature of member or authorized representative of a member)			
	(Typed or printed name of signee)			