M11000000197

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| FEB 2 7 2013 | | | | | |
| S. TONER | | | | | |
| | | | | | |

Office Use Only



900244231639

02/11/13--01029--013 **25.00

13 FEB 27 /8 9:01
SECRETARY OF STATE
TAIL LHASSEF FLORES



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 12, 2013

NANCY L. QUATRANO NL QUATRANO, LLC (NEVADA LLC) 4625 CEDAR FORD BLVD. HASTINGS, FL 32145

SUBJECT: NL QUATRANO, LLC Ref. Number: M11000000197

We have received your document for NL QUATRANO, LLC and your check(s) totaling \$25.00.) However, the enclosed document has not been filed and is being returned for the following correction(s):

A foreign limited liability company authorized to transact business in Florida may withdraw its authority by completing the enclosed withdrawal application and submitting the appropriate fee.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sean Toner Senior Section Administrator

Letter Number: 513A00003439

#2041. Cashed 2/13/13.

www.sunbiz.org

D.O. DOV (2007 W-11-1----- D) - 11- 000

COVER LETTER

| то: | Registration S Division of C | | | | | | | |
|--|---|--|---------------------------|----------------------|-------------------------------|---|---|--|
| SUBJE | СТ: | NL | (Name of Fo | PC AND reign Limited | | Company) | _ | |
| Dear Si | r or Madam: | | | | | | | |
| The enclosed withdrawal and fee(s) are submitted for filing. | | | | | | | | |
| Please r | eturn all corres | pondence co | oncerning this | matter to the | following: | | | |
| 4 | Nanay | (Name o | attan f Person) | 6 | | | | |
| | NL Q | VATRA (Firm/C | SO, LL | <u> </u> | <u>.</u> | | | |
| | 4625 HAST | (Addres | AR FUR | BL BL BL | <i>V</i> ≥ | | | |
| For further information concerning this matter, please call: | | | | | | | | |
| <u>Na</u> | may Qu | atrâno ne of Person) | | at (| 3 <i>86</i> rea Code & | 546 - 576 J Daytime Telephone Number) | _ | |
| | STREET/CO Registration S Division of C Clifton Build 2661 Executi Tallahassee, I | Section orporations ing ve Center C | ircle | | Registr Divisio P.O. Bo | ING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314 | | |
| Enclose | ed is a check fo | or the follow | ving amount | : | | | | |
| \$251 المسال الم | Filing Fee U1 ii cl | □ \$30 Filin Certific | ng Fee & ate of Status | Certified | _ | □ \$60 Filing Fee, Certificate of Status & Certified Copy | | |

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

| NL QUATRANO LLC |
|---|
| (Name of limited liability company) |
| NEVADA (Jurisdiction of its organization) |
| (Jurisdiction of its organization) |
| M 11000000197 |
| (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. |
| (Mailing address) |
| (Mailing address) |
| HASTINGS, FL 32145 (City/State/Zip) |
| (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) |
| (Signature of member or authorized representative of a member) |
| (Typed or printed name of signee) |
| (Typed or printed name of signee) |

Filing Fee: \$25.00