# M1100000340

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SECRETARY OF STATE
ALL AHASSEE: FLORID

#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT

MLA Engineering, pllc

(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:

#### Michael S. Leonard

(Name of Person)

# MLA Engineering, pllc

(Firm/Company)

# 1424 Fourth Avenue, Suite 815

(Address)

## Seattle, WA 98101-2235

(City/State and Zip Code)

For further information concerning this matter, please call:

#### Michael S. Leonard

206

264-2727

THE TAIL OF THE PARTY OF THE PA

(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

■ \$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 CERTIFICATION OF THE OWNER **FLORIDA**



(Name of limited liability company)

### State of Washington

(Jurisdiction of its organization)

M11000000390

(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.

1424 Fourth Avenue, Suite 815

(Mailing address)

Seattle, WA 98101-2235

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.

authorized representative of a member)

Michael S. Leonard

(Typed or printed name of signee)

Filing Fee: \$25.00