## M110000000841

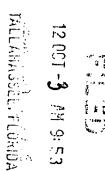
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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10/03/12--01019--011 \*\*25.00



B. BOSTICK

OCT - 5 2012

EXAMINER

## **COVER LETTER**

	tion Section of Corporations					
SUBJECT: No	ature Relief LLC (Name of For	eign Limited Liability C	Company)		<del>-</del>	
	•	,	1 37			
Dear Sir or Mada	m:					
The enclosed with	hdrawal and fee(s) are submitte	d for filing.				
Please return all o	correspondence concerning this	matter to the following:	:			
Gil Castillo						
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(Name of Person)					
	(Firm/Company)					
1348 Wash	nington Ave #138					
10 10 11401	(Address)	<del> </del>		<u> </u>	12	
Miomi Boo	ah El 22120			Alle	.130	٠
IVIIAIIII DEAL	ch, FL 33139 (City/State and Zip Cod	e)		0 2 2 1	්	1
	(0.0)/2.000 0.00 0.00	-,		ALLAMOSEL TLORIDA	2 0CT - <b>3</b> /4 9:5	
For further inform	nation concerning this matter, p	lease call:		UKID	<u>்</u> அ	
Gil Castillo	06-23-201	1 at (	•	12		
	(Name of Person)		Daytime Telephone Number)		_	
Registra Division Clifton I 2661 Ex	T/COURIER ADDRESS: tion Section of Corporations Building secutive Center Circle ssee, Florida 32301	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314			
Enclosed is a ch	eck for the following amount:					
2 \$25 Filing Fee	c \$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

Nature Relief LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
M1100000841
(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.
1348 Washington Ave #138 (Mailing address)
Miami Beach, FL 33139 (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)
Gil Castillo 06-23-2011
(Typed or printed name of signee)

Filing Fee: \$25.00