## M11000001983

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
|                         |                    |           |
| (Ad                     | ldress)            |           |
| l <del></del>           |                    |           |
| (Ad                     | ldress)            |           |
| (Cit                    | ty/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | isiness Entity Nan | ne)       |
| (Do                     | ocument Number)    |           |
| Certified Copies        | Certificates       | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |

Office Use Only



600212085296

09/16/11--01022--011 \*\*60.00

11 SEP 16 PH 3: 12

B. BOSTICK
SEP 1 9 2011
EXAMINER

## **COVER LETTER**

4

|   | tion Section<br>of Corporations              |                                       |   |                          |
|---|--|---------------------------------------|---|--------------------------|
| SUBJECT: R                                    | eid & Rudiger LLC                            |                                       |   |                          |
|   | (Name of Fo                                  | reign Limited Liability               | Company)  |                          |
| Dear Sir or Mada                              | m:   |                                       |   |                          |
| The enclosed with                             | hdrawal and fee(s) are submitt               | ed for filing.                        |   |                          |
| Please return all o                           | correspondence concerning thi                | s matter to the following             | <b>g:</b>   |                          |
| Marc Harris                                   | on   |                                       |   |                          |
|   | (Name of Person)                             |                                       | •   |                          |
| Reid & Rud                                    | iger LLC                                     |                                       |   |                          |
|   | (Firm/Company)                               |                                       | •   | FE                       |
| 110 Wall St                                   | treet, 3rd Floor                             |                                       |   | LAHA                     |
| <del></del>                                   | (Address)                                    |                                       |   | SSE                      |
| New York, I                                   | NY 10005                                     |                                       |   | <del>لى</del> د<br>نىي د |
|   | (City/State and Zip Coo                      | de)                                   | •   | ÖRIDA                    |
| For further inform                            | nation concerning this matter,               | please call:                          |   | A                        |
| Kelli Mezza                                   | testa  | at (212                               | 7850500   |                          |
|   | (Name of Person)                             | (Area Code &                          | Daytime Telephone Number)                                       |                          |
|   | I/COURIER ADDRESS:                           |                                       | ING ADDRESS:  |                          |
| Registration Section Division of Corporations |  | Regist<br>Divisio                     | Registration Section Division of Corporations                   |                          |
| Clifton Building                              |  | P.O. Box 6327                         |   |                          |
|   | ecutive Center Circle<br>see, Florida 32301  | Tallah                                | assee, Florida 32314  |                          |
| Enclosed is a che                             | ck for the following amount:                 | :                                     |   |                          |
| □ \$25 Filing Fee                             | □ \$30 Filing Fee &<br>Certificate of Status | ☐ \$55 Filing Fee &<br>Certified Copy | ☑ \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |                          |

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

| surrenders its ept service on as based on a ida. |
|--|
|  |
|  |
|  |
|  |
|  |
| ept service on<br>ss based on a                  |
|  |
| _  |
| _  |
| future of any                                    |
| ₽ <sub>6</sub>                                   |
| LLLA<br>LLCA                                     |
| FP TASS  |
| 16 PM 3: I                                       |
|  |

Filing Fee: \$25.00