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(Requestor's Name)						
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COVER LETTER

TO:	Registration Division of	Section Corporations	۳	,	*	e'	ينو.	*
SUBJE	ст:Н	indman	Cons Name of Fo	reign Limited Lia	<u>ر</u> bility Co	mpany)		
Dear Si	r or Madam:							
The end	losed withdra	wal and fee(s)	are submitte	ed for filing.				
Please 1	eturn all corre	espondence cor	ncerning this	matter to the foll	owing:			
	John	Hindm (Name of	Person)					
	Hindma	(Firm/Cor	ulting	LLC				
	2310	Villagio (Address)	Wag					
	Fort M	5ers (City/State	Flooid and Zip Cod	la 339 le)	12			
For furt	her informatio	on concerning t	his matter, p	lease call:				
7	Tohn Hi	ndman		at (_50	2)	523	3-24	00
	(Na	me of Person)		(Area C	Code & Da	aytime Te	lephone Nur	nber)
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					
Enclose	ed is a check i	or the followi	ng amount:					
\$25 1	Filing Fee	□ \$30 Filing Certificate	Fee & e of Status	□ \$55 Filing Fe Certified Cop		Certi	Filing Fee, ficate of Sta	tus &

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

Hindman Consulting LLC
(Name of limited liability company)
Kentucky USA (Jurisdiction of its organization)
M 11000002367
(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.
12310 Villagio Was (Mailing address)
Fort Myers Florida 33912 (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)
Tohn Hindman (Typed or printed name of signee) CT PH 12: 33
(Typed or printed name of signee)
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Filing Fee: \$25.00