M11000002582

| (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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Office Use Only



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SECRETARY OF STATE

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COVER LETTER

| TO: | Registration Section Division of Corporations | | |
|---------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------|
| SUBJE(| E.G.A. LEASING & HO | OLDING WYOM | IING, LLC |
| SOBJE | | reign Limited Liability C | ompany) |
| Dear Si | or Madam: | | |
| The enc | osed withdrawal and fee(s) are submitte | ed for filing. | |
| Please re | eturn all correspondence concerning this | matter to the following: | |
| KRIST | NE MEYERS | • | |
| | (Name of Person) | | |
| THE D | ORCEY LAW FIRM, PLO | | |
| | (Firm/Company) | | |
| 1 <u>0181</u> | SIX MILE CYPRESS PK | WY. STE C | |
| | (Address) | | |
| FORT | MYERS, FLORIDA 3396 | | |
| | (City/State and Zip Cod | le) | |
| For furt | er information concerning this matter, p | please call: | |
| KRIST | INE MEYERS | at (239) | |
| | (Name of Person) | (Area Code & I | Daytime Telephone Number) |
| | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | Registra Division P.O. Bo Tallaha | ING ADDRESS: ation Section n of Corporations ox 6327 ssee, Florida 32314 |
| | d is a check for the following amount: | : | |
| □ \$25 H | iling 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 FLORIDA

| (Name of limited liability company) | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| VYOMING | |
| (Jurisdiction of its organization) | |
| M11000002582 | |
| (Florida Document Number) | |
| This limited liability company is no longer transacting business in Florida and surrauthority to transact business in this state. | enders its |
| This limited liability company revokes the authority of its registered agent to accept s its behalf and appoints the Department of State as its agent for service of process b cause of action arising during the time it was authorized to transact business in Florida. | service on ased on a |
| 8842 BRACKEN WAY | |
| (Mailing address) | |
| FORT MYERS, FLORIDA 33908 (City/State/Zip) | |
| (City/State/Zip) | |
| The limited liability company agrees to notify the Department of State in the futu change in its mailing address. | re of any |
| ane a Raincey | 2012 Sec |
| (Signature of member or authorized representative of a member) | FILED PEC 14 MI CRETARY OF SI LAHASSEE, FL |
| NNE A. RAMSEY | ASSE L |
| (Typed or printed name of signee) | |
| | |