## M1100000027777

(Re	equestor's Name)	<del></del>
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	<b>⇒</b> #)
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(Bu	siness Entity Nar	ne)
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## COVER LETTER

Registration Section

TO:

Division of C	Corporations				
SUBJECT: ASia	a Pacific Par	tners, LLC	Company)		
Dear Sir or Madam:					
The enclosed withdra	wal and fee(s) are submitted	d for filing.			
Please return all corre	espondence concerning this	matter to the following:			
Charlene	Kidman				
	(Name of Person)				
Asia Paci	fic Partners,	LLC			
	(Firm/Company)				
4660 S 40	000 W				
	(Address)				2
West Vall	ey City, UT 8	34120			-
	(City/State and Zip Cod	<del></del>		WHO OCT 21	
				History Control	(mar.)
For further information	on concerning this matter, p	lease call:		E SI	المستمان ع ا ع
Charlene	Kidman	801 at (	<sub>)</sub> 676-8877	PHIZ: 48	ار <sub>سونت</sub> ا
(Na	ame of Person)	(Area Code &	Daytime Telephone Number)	<i>\$</i> 7,5° <b>W</b>	
Registration Division of Clifton Buil 2661 Execu	Corporations	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations lox 6327 assee, 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 FLORIDA

Asia Pacific Partners, LLC
(Name of limited liability company)
Utah
(Jurisdiction of its organization)
M11000002777
(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.
4660 S 4000 W
(Mailing address)
West Valley City, UT 84120
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any shange in its mailing address.
(Signature of member or authorized representative of a member)
James Harward
(Typed or printed name of signee)

Filing Fee: \$25.00