

M 11 00000 3553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

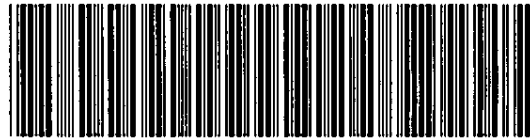
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S-L Routes, LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alison E. Foster, Paralegal
(Name of Person)

Snyder's-Lance, Inc.
(Firm/Company)

13024 Ballantyne Corporate Place, Ste 900
(Address)

Charlotte, NC 28277
(City/State and Zip Code)

For further information concerning this matter, please call:

Alison E. Foster at (704) 557-8697
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

13 DEC 30 AM 2:17
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Snyder's-Lance

INCORPORATED

Snyder's - Lance, Inc.
13024 Ballantyne Corporate Place
Harris Building, Suite 900
Charlotte, NC 28277

Alison E. Foster
Paralegal
704-557-8697 Direct Dial
704-557-8002 Fax
afoster@snyderslance.com

December 26, 2013

VIA FEDEX 2ND DAY # 7974 2468 3882

Registration Section
Florida Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

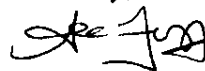
**RE: *Application by Foreign LLC for Withdrawal of Authority*
 S-L Routes, LLC - (PA)
 *(FL Document # M11000003553)***

Dear Sir or Madam:

Please find enclosed the Application by Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida for S-L Routes, LLC. Additionally, please find enclosed the Florida Cover Letter and our check #423454 dated December 17, 2013 in the amount of \$25.00 representing the filing fee. It is our understanding that a letter of acknowledgement will be issued free of charge upon withdrawal.

Should you have any questions or need anything further, please do not hesitate to contact me.

Sincerely,



Alison E. Foster, NCCP
Paralegal

cc: Cynthia Binning

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

S-L Routes, LLC

(Name of limited liability company)

Pennsylvania

(Jurisdiction of its organization)

M11000003553

(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.

P.O. Box 32368

(Mailing address)

Charlotte, NC 28232-2368

(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)

Margaret E. Wicklund, Vice President

(Typed or printed name of signee)

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TALLAHASSEE, FLORIDA
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