M11000003617

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: NEOS 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:
<u>Albert Ludvigsen</u> (Name of Person)
Neus LLC (Firm/Company)
23030 & Industrial Dr. (Address) St. Clair Shoves MI 48080 (City/State and Zip Code)
18-4-
For further information concerning this matter, please call:
(Name of Person) at (586) 775 3300 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Cformations Clifton 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 & □ \$55 Filing Fee & □ \$60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

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

NEOS LLC (Name of limited liability company)
St. Clay Shores Michigan (Jurisdiction of its organization)
M 1100003617 (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.
23030 & Industrial Dr. 25 5
St. Clair Shoves MI 48080 5 5 (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 internoet of authorized representative of a memoer)

Filing Fee: \$25.00

Albert G. Ludvigsen (Typed or printed name of signee)