## M11000003730

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)	. <u> </u>		
(Cit	ry/State/Zip/Phone	<del>:</del> #)		
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## **COVER LETTER**

TO: Registration Division o	n Section f Corporations			
SUBJECT: Ric	ce McVaney	Communication Coreign Limited Liability Coreign Coreign Limited Liability		<u>.</u>
Dear Sir or Madam				
The enclosed withd	rawal and fee(s) are submit	ted for filing.		
Please return all con	respondence concerning th	is matter to the following	:	
Susan K	amp			
	(Name of Person)			
Rice Mc\	√aney Comr	nunications		
.,	(Firm/Company)	<u></u> .		TAI
14 Main	Street			CRETA
	(Address)			7.55 7.75 7.75 7.75 7.75
Hingham	MA 02043			) 14. 15.
<del> </del>	(City/State and Zip C	ode)		REFE
For further informat	ion concerning this matter,	please call:		
Charles I	Kiefer	<sub>a.</sub> 617	426-8330	
(1)	Jame of Person)	(Area Code &	Daytime Telephone Number	er)
Registratio Division of Clifton Bui 2661 Exect	Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check	for the following amoun	t:		
■ \$25 Filing Fee	□ \$30 Filing Fee &	□ \$55 Filing Fee &	□ \$60 Filing Fee,	

Certified Copy

Certificate of Status & Certified Copy

Certificate of Status

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

Rice McVaney Communications, LLC
(Name of limited liability company)
Massachusetts
(Jurisdiction of its organization)
M11000003730
(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.
14 Main Street
(Mailing address)
Hingham MA 02043
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
En Lue ₹0 €
(Signature of member or authorized representative of a member)  Elizabeth Rice
Elizabeth Rice
(Typed or printed name of signee)
TORIGINAL TORIGI

Filing Fee: \$25.00