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(Re	equestor's Name)	
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SECRETARY OF STATE FALLAHASSEE, FLORIDA

COVER LETTER

	on Section of Corporations			
SUBJECT:		D & B 65, LL	С	
JODGE T.	(Name of For	eign Limited Liability	y Company)	
Dear Sir or Madam	1:			
The enclosed with	drawal and fee(s) are submitte	ed for filing.		
Please return all co	rrespondence concerning this	matter to the following	ng:	
Janice Null				
	(Name of Person)		<u>.</u>	
Incorp Service			_	72 20
	(Firm/Company)			2012 FEB 17 PM 1: THE STATE OF
2360 Corpora	te Circle, Suite 400		<u> </u>	SSEE SSEE
	(Address)			
Henderson, N	V 89074-7722			
	(City/State and Zip Cod	e)		176
For further informa	ntion concerning this matter, p	blease call:		
Janice Null fo	r Incorp Services, Inc.	at (702	₎ 866-2500	
(Name of Person)	(Area Code	& Daytime Telephone Number)	
Registration of Clifton Bu 2661 Exec	COURIER ADDRESS: on Section of Corporations ailding cutive Center Circle see, Florida 32301	Regi Divi P.O.	stration Section sion of Corporations Box 6327 shassee, Florida 32314	
Enclosed is a chec	k 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

D & B 65, LLC
(Name of limited liability company)
Wyoming
(Jurisdiction of its organization)
M11000004167
(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 665 (Mailing address) (Mailing address)
(Mailing address)
Wewahitchka, FL 32465
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
PRobet Will
(Signature of member or authorized representative of a member)
Robert Williams
(Typed or printed name of signee)

Filing Fee: \$25.00

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(Signature of member or authorized representative of a member)
Robert Williams

Filing Fee: \$25.00

(Typed or printed name of signee)