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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Edenwald ASSOCIATES, LLC (Name of Foreign Limited Liability Company)
(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:
William Schure (Name of Person)
Edpwwa d Assoc, ATES
(Firm/Company)  To Schur M6MT (0  2432 Grand Concourse  (Address)  Bronx M 1045 X
(Address)
Bronx M 10458 (City/State and Zin Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Jerry Abrams at (718) 733-6300 (Area Code & Daytime Telephone Number)
' (Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section  MAILING ADDRESS: Registration Section
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301
Enclosed is a check for the following amount:
\$25 Filing Fee \$\ \tag{\$55 Filing Fee & \$\ \tag{\$60 Filing Fee,} \\ \tag{\$55 Filing Fee & \$\ \tag{\$60 Filing Fee,} \\ \ta

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

Edenwald ASSOCIATES, LLI			
(Name of limited liability company)		····	
/V <i>Y</i>			
(Jurisdiction of its organization)			
This limited liability company is no longer transacting business in Florida and stauthority to transact business in this state.	urrender	s its	
This limited liability company revokes the authority of its registered agent to acceptits behalf and appoints the Department of State as its agent for service of process cause of action arising during the time it was authorized to transact business in Florical contents.	ot service s based of la.	e on on a	
2432 Grand Concourse Suite	2 40°	O	
Brows My 10458 (City/State/Zip)	<del></del>		
The limited liability company agrees to notify the Department of State in the fuchange in its marring address.	iture of	any	
(Signature of member or authorized representative of a member)	SECRE I	10 JAN	-11
Typed or printed name of signee)	ARY OF STAT USSEE, FLOR	19 PH 12: 1	FILED

Filing Fee: \$25.00