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SECRETARY OF STATE
TALLAHASSEE, FLORINA

T. HAMPTON AUG 2 6 2008

EXAMINER

COVER LETTER

	Registration Section Division of Corporations		
SUBJECT		······································	
	(Name of Foreign Limited Lia	ibility Company)	
Dear Sir o	or Madam:		
The enclos	sed withdrawal and fee(s) are submitted for filing.		
Please retu	urn all correspondence concerning this matter to the fol	lowing:	
Tammy	y P. Austin		
	(Name of Person)		
Fergus	son Enterprises, Inc.		
	(Firm/Company)	•	
12500.	Jefferson Avenue		
	(Address)		
Newpo	ort News, VA 23602		
	(City/State and Zip Code)		
For furthe	er information concerning this matter, please call:		
Tamm	y Austin at (757	223-6107	
	(Name of Person) (Area	Code & Daytime Telephone Number)	
R D C 2	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 Fil	ling Fee \$30 Filing Fee & \$55 Filing I Certificate of Status Certified Co		

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

The Parnell-Martin Companies LLC		
(Name of limited liability company)		
North Carolina		
(Jurisdiction of its organization)		
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.		
12500 Jefferson Avenue		
(Mailing address)		
Newport News VA 23602		
Newport News, VA 23602 (City/State/Zip)		
(eJ. 2		
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)		
Laura L. Maxson. Assistant Secretary (Typed or printed name of signee)		

Filing Fee: \$25.00

FILED

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SECRETARY OF STATE
TALL AHASSEE FLORIDA