| Stavz Movies LLC Requester's Name P.O. Box 5630 Address Denvey Co 80217 City/State/Zip Phone # | | | 944 | 8 |
|---|-----------|--|-----------------------------------|-----------------------|
| | | | ice Use Only | |
| CORPORATION NAME(S) & DOCUM | ENT | NUMBER(S), (if kn | own): | |
| 1. Starz Movie34LC (Corporation Name) | | | | |
| , <u>-</u> | | (Document #) | | MJH |
| 2. MQ7-468 (Corporation Name) | | 1.1.20 | An of the first | - |
| (Corporation Name) | | (Document #) | 00003246 | S7010 |
| 3. | | 1 Summer of the state of the st | -05/10/00 *****25.00 | 01069002 ++++25.00 |
| (Corporation Name) | | (Document #) | | |
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| (Corporation Name) | | (Document #) | | |
| ☐ Walk in ☐ Pick up time | | | Certified Copy | |
| ☐ Mail out ☐ Will wait | | Photocopy | Certificate of S | tatus |
| NEW FILINGS | AM | ENDMENTS | | |
| Profit Not for Profit Limited Liability Domestication Other | 00000 | Amendment Resignation of R.A., Change of Registere Dissolution/Withdra Merger | d Agent | 65 : HTG OT AUTOO |
| OTHER FILINGS | <u>RE</u> | GISTRATION/QUA | LIFICATION | 59 B |
| Annual Report Fictitious Name | 00000 | Foreign Limited Partnership Reinstatement Trademark Other | | |
| | | | Examiner's Initia | als |

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

| Starz Movies LLC (Name of limited liability company) | |
|--|-----------------|
| Colorado (Jurisdiction of its organization) | |
| This limited liability company is no longer transacting business in Florida and surrende authority to transact business in this state. | rs its |
| This limited liability company revokes the authority of its registered agent to accept service behalf and appoints the Department of State as its agent for service of process based on a of action arising during the time it was authorized to transact business in Florida. | on its cause |
| P0 Box 5630 (Mailing address) | |
| (| |
| Denver, CO 80217 | |
| (City/State/Zip) | |
| The limited liability company agrees to notify the Department of State in the future of any claim its mailing address. (Signature of member of authorized representative of a member) | ıange |
| Gary Blaylock - Vice President (Typed or printed name of signee) | UL MEN 00 |

Filing Fee: \$25.00