**Division of Corporations** 

Page 1 of 1

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

## LLC DISSOLUTION OR WITHDRAWAL FOSTER'S USA, LLC

Certificate of Status	0
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**JUL 2 3 2013** 

D. BRUCE

## **COVER LETTER**

TO: Registration Division o	on Section f Corporations						
SUBJECT; Foster	's USA, LLC (Name of For	eign Limite	Liability (	Company)			
	·		•	• • •			
Dear Sir or Madam	:						
The enclosed withd	lrawal and fec(s) are submitted	for filing.					
Please return all co	rrespondence concerning this	matter to th	s following	;			
Jamila Wo	ods		-				
	(Name of Person)			-			
C T Corpo	oration System					Est.	
	(Firm/Company)			•		4	
208 S. La	aSalle Ste. 814					ARY O	1 22
	(Address)			<del></del>		1. S	<u> </u>
Chicago,	IL 60604					OR IA	q.
· · · · · · · · · · · · · · · · · · ·	(City/State and Zip Cod	lc)		_		स्त्र	C
	ation concerning this matter, p	ilease call:	41-				
Marcia Young		at (_	312	ر	496-2787		
	(Name of Person)	(	Area Code é	& Dayame	Felephone Number)		
Registrat Division Clifton B 2661 Exc	I/COURIER ADDRESS: ion Section of Corporations suilding coutive Center Circle see, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a che	ck for the following amount	:					
□ \$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status		ling Fee & ed Copy	Cer	Filing Fee, tificate of Status & tified Copy		

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

Foster's USA, LLC
(Name of limited liability company)
Delaware (Jurisdiction of its organization)
(
M97000000657
(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.
3939 W. Highland Blvd
(Mailing address)
Milwaukee, WI 53208 (City/State/Zip)
(Onystate Zip)
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)
Kathryn L. Sweens, Assistant Secretary
(Typed or printed name of signee)
TASS
Service of the servic
m⊕ <b>№ 27</b>

Filing Fee: \$25.00