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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: SCIE, LLC				
(Name of Fore	eign Limited Liability	Company)		
Dear Sir or Madam:				
The enclosed withdrawal and fee(s) are submitted	d for filing.			
Please return all correspondence concerning this	matter to the followin	g:		
Henry Ben-Zvi				
(Name of Person)		_		
Ben-Zvi & Associates			2006 JAN 18	
(Firm/Company)				
3231 Ocean Park Blvd., St. 212,		_	18 PH	
(Address)				-
Santa Monica, CA 90405		_	8	-
(City/State and Zip Code	e)			
For further information concerning this matter, p	lease call:			
Henry Ben-Zvi	at (310	, 664-1570		
(Name of Person)		& Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314		
Enclosed is a check for the following amount:				
✓ \$25 Filing Fee \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	S60 Filing Fee, Certificate of Status & Certified Copy		

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

SCIE, LLC	
(Name of limited liability company)	
Nevada	
(Jurisdiction of its organization)	
This limited liability company is no longer transacting business in Florida and surrer authority to transact business in this state.	iders its
This limited liability company revokes the authority of its registered agent to accept se its behalf and appoints the Department of State as its agent for service of process bas cause of action arising during the time it was authorized to transact business in Florida.	rvice on sed on a
410 Nevada Way, Suite 200	
(Mailing address)	
Boulder City, Nevada 89005	
(City/State/Zip) The limited liability company agrees to notify the Department of State in the future change in its mailing address.	2006
The limited liability company agrees to notify the Department of State in the future change in its mailing address.	of any
my A	8 PH
(Signature of member or authorized representative of a member)	ार थैं:
Henry Ben-Zvi	6

Filing Fee: \$25.00

(Typed or printed name of signee)