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|--|---|--|--|
| (Requestor's Name) (Address) | 200040800892 | | |
| (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | FILED 04 SEP 14 PH 1: 57 SLEAN ANSSEE FLORIDA | | |
| Special Instructions to Filing Officer: Office Use Only | ATT AS INFELD AN SEP 14 PH 12: 51 MULTICAL AND AND AND AND AND AND AND AND A | | |

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| | ACCOUNT NO. | : | 07210000032 |
|------------|---|-----|------------------------|
| | REFERENCE | : | 880878 7217951746 78 |
| | AUTHORIZATION | | Tatricia Lingt The For |
| | COST LIMIT | : | \$ 25.00 |
| | | | |
| ORDER DATE | : September 9, 2004 | 1 | ORDE |
| ORDER TIME | : 10:39 AM | | Ŷ |
| ORDER NO. | : 880878-020 | | |
| CUSTOMER N | 0: 7217951 | | |
| CUSTOMER: | Ms. Julie Zamagni Lowe, Fell & Skogg, Suite 4900 370 17th Street Denver, CO 80202 | Llo | c |
| | | | |

FOREIGN FILINGS

NAME: DANIELS/FLORIDA AUTOMOTIVE GROUP, LLC

CORPORATE LIMITED PARTNERSHIP XX_____LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

 CERTIFICATE OF STATUS

CONTACT PERSON: Troy Todd - EXT# 2940

EXAMINER:

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

DANIELS/FLORIDA AUTOMOTIVE GROUP, LLC (Name of limited liability company)

DELAWARE

(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.

SATURN CORPORATION, MAIL CODE 482-A05-B45, 100 RENAISSANCE CENTER (Mailing address)

P.O. BOX 100, DETROIT MI, 48265-1000 (City/State/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)

TROSC 12D

(Typed or printed name of signee)