M99000000

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAII	-
(Business Entity Name)	
(Sasmoss Emily Name)	
(Document Number)	
Certified Copies <u>C</u> ertificates of Status	
Special Instructions to Filing Officer:	
y(1)
Office Use Only	D



900035107829

05/04/04--01035--015 **25.00

LAUDERDALE-PAYLESS, LLC

P.O. BOX 359 STUART, FLORIDA 34995 (561) 287-1844 Fax: (561) 287-1827

April 27, 2004

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re: Dissolution of Foreign LLC

Gentlemen:

Enclosed for filing is Application ... for Withdrawal of Authority to Transact Business in Florida, along with the filing fee of \$25.00.

Please give me a call if you have any questions.

Char O'Donnell

ery truly yours

Administrator

Enclosures

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

Lauderdale-Payless, LLC
(Name of limited llability company)
Delaware Z_{∞}
(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.
P. O. Box 359 (Mailing address)
Stuart, FL 34995 (City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address. However, I have a superior of the Department of State in the future of any change in its mailing address.
(Signature of member of authorized representative of a member)
Stanley R. Garris
(Typed or printed name of signee)

Filing Fee: \$25.00