

M 99000000916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

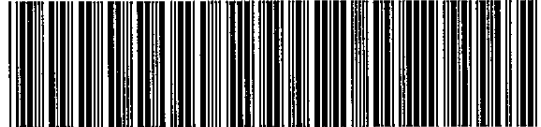
(Business Entity Name)

(Document Number)

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BK

RECEIVED  
04 JAN 23 AM 11:38  
DIVISION OF CONSUMER PROTECTION

FILED  
04 JAN 23 PM 3:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CT CORPORATION SYSTEM

660 East Jefferson Street

Tallahassee, FL 32301 January 23, 2004

Tel. 850 222 1092

Fax 850 222 7615

Secretary of State, Florida  
409 East Gaines Street  
Tallahassee FL 32399

FILED  
04 JAN 23 PM 3:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: Order #: 6024038 SO  
Customer Reference 1:  
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Duke Energy St. Lucie, LLC (DE)  
Cancellation  
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

*Brigham Weir*

Brigham Weir  
Fulfillment Specialist  
Brigham\_Weir@cch-lis.com

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

FILED  
JAN 23 PM 3:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Duke Energy St. Lucie, 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.

5400 Westheimer Court  
(Mailing address)

Houston, Texas 77056  
(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)

Robert T. Ladd - Manager  
(Typed or printed name of signee)

**Filing Fee: \$25.00**