## M99000001400

| (Re                     | questor's Name)   |             |
|-------------------------|-------------------|-------------|
| (Ad                     | dress)            |             |
| (Ad                     | dress)            |             |
| (Cit                    | y/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu:                    | siness Entity Nar | me)         |
|                         |                   |             |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
| ł<br>,                  |                   |             |
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SECRETARY OF STATE

N. Coursen JUL 2 6 20101

## **COVER LETTER**

| Division of C  |   |                                  |   |  |
|--|---|----------------------------------|---|--|
| SUBJECT:   |   | reign Limited Liability C        | STORES, LLC   |  |
| Dear Sir or Madam:   |   |                                  |   |  |
| The enclosed withdrawal and fee(s) are submitted for filing.   |   |                                  |   |  |
| Please return all corres                                       | spondence concerning this                 | matter to the following:         |   |  |
| J. C.  | (Name of Person)                          | is I                             | -   |  |
| DAVIS  | (Firm/Company)                            | MOUSTRIE                         | eslic   |  |
| 40 B   | 21212                                     |                                  |   |  |
| _ See N  | (Address)                                 | Are                              |   |  |
| THOM   | (City/State and Zip Cod                   | 3 A 31790                        | 7   |  |
| For further information concerning this matter, please call:   |   |                                  |   |  |
| 5.C. (Nan  | ne of Person)                             |                                  | 227-567 S Daytime Telephone Number)   |  |
| Registration by Division of C<br>Clifton Build<br>2661 Executi | Corporations                              | Registr<br>Divisio<br>P.O. Bo    | ING ADDRESS: ration Section on of Corporations ox 6327 ussee, Florida 32314                   |  |
| Enclosed is a check f  | or the following amount:                  |                                  |   |  |
| \$25 Filing Fee  | □ \$30 Filing Fee & Certificate of Status | \$55 Filing Fee & Certified Copy | <ul><li>\$60 Filing Fee,</li><li>Certificate of Status &amp;</li><li>Certified Copy</li></ul> |  |

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

| ZAVISTAMILLEMOUS TRIES, CC  |              |
|---|--------------|
| (Name of limited liability company)   |              |
| Jurisdiction of its organization)   |              |
| 1100  |              |
| M9900001600   |              |
| (Florida Document Number)   |              |
| This limited liability company is no longer transacting business in Florida and surrender authority to transact business in this state.   | s its        |
| This limited liability company revokes the authority of its registered agent to accept service its behalf and appoints the Department of State as its agent for service of process based cause of action arising during the time it was authorized to transact business in Florida. | e on<br>on a |
| FO Box 1375 (Mailing address)   | <u>.</u>     |
| THOMASVILLE GA 31799 EARLY CONTROL (City/State/Zip)   | FILED        |
| The limited hability company agrees to notify the Department of State in the funite of change in its mailing address.  (Signature of member or authorized representative of a member)   | ⋽<br>Sany    |
| J. C. Davis Davis IX  |              |

Filing Fee: \$25.00

(Typed or printed name of signee)