

MPF10000001632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

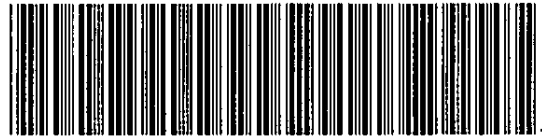
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
L. SELLERS
OCT - 8 2009
EXAMINER

Office Use Only



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09/17/09--01018--023 **35.00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

09 OCT - 7 AM 8: 27

FILED

Handwritten text

SYNOVUS

1111 Bay Avenue, Suite 400
Columbus, GA 31901

706.649.5756 PHONE
706.644.3359 FAX

September 14, 2009

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

Re: Cancellation of Registration for Stembler Resources LP and Certificate of
Withdrawal of JHS Management Company LLC i/k/a Stembler Management Co. LLC

To Whom It May Concern:

Please find enclosed the above executed cancellation and withdrawal for the above
Georgia companies and appropriate filing fees. Should you have any questions please do
not hesitate to contact me at the information below. Thank you for your assistance in this
matter.

Sincerely,



Jennifer G. Wellborn

706-644-0422

jenniferwellborn@synovus.com



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 21, 2009

JENNIFER G. WELLBORN
1111 BAY AVENUE, STE. 400
COLUMBUS, GA 31901

SUBJECT: STEMBLER MANAGEMENT COMPANY, LLC
Ref. Number: M99000001633

We have received your document for STEMBLER MANAGEMENT COMPANY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a ALIEN BUSINESS ORGANIZATION, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 809A00030940

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stempler Management Company LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer Wellborn
(Name of Person)

Synovus Family Asset Management
(Firm/Company)

1111 Bay Ave. Suite 400
(Address)

Columbus, GA 31901
(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer Wellborn at (706) 644-0422
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

** fee has been processed - see attached*

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

Stembler Management Company, LLC

(Name of limited liability company)

Georgia

(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.

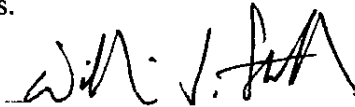
50 Cinema Lane

(Mailing address)

St. Simons Island, GA 31522

(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)

William J. Stembler

(Typed or printed name of signee)

Filing Fee: \$25.00

FILED
09 OCT -7 AM 8:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA