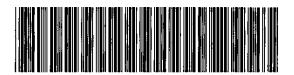
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COVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT: Haussler Management 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:
David Kight (Name of Person)
Rafiki Partners LLC PER 3
Rafiki Partners LLC (Firm/Company) 8505 Baymeadows Rd (Address) The Floring Floring State of State
Jacksonville, FL 32256 (City/State and Zip Code)
For further information concerning this matter, please call:
David Kight at (904) 680.9299 (Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Clifton 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 \$\ \tag{S55 Filing Fee & \tag{S60 Filing Fee, \tag{Certificate of Status}}\$\$ Certificate of Status Certified Copy Certified Copy Certified Copy

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

Haussler Management 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.
8505 Baymeadows Rd ARE (Mailing address)
(Walling address)
Jacksonville, FL 32256 FEE TO THE STATE OF T
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)
David Kight
(Typed or printed name of signee)

Filing Fee: \$25.00