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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Held Companies LUC (Namelof 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 Head (Name of Person)	
Head Companies	
P.O. Box 230 (Address)	
Point Clew AL 36564 (City/State and Zip Code)	•
For further information concerning this matter, please call:	
Holli Parks at 251, 928-3930	_
(Name of Person) STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 (Area Code & Daytime Telephone Number) MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:	
\$25 Filing Fee \$\ \text{Certificate of Status} \ \text{Certified Copy} \ \ \text{S55 Filing Fee & Certified Copy} \ \text{Certified Copy} \ \ \text{Certified Copy} \ Ce	

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

Hoad Companies, LLC
(Name of limited liability company)
(Jurisdiction of its organization)
MODOOOQZ(a) (Florida Document Number)
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.
Mailing address) Point Clear AL 36564 Point Clear AL 36564 Point Clear AL 36564
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 HEAD IT
(Typed or printed name of signee)