

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Denial and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF DENIAL

Pursuant to section 605.0303, Florida Statutes, I hereby submit the following statement of denial:

FIRST: The name of the limited liability company is: _____

SECOND: The document number of this limited liability company is: _____

THIRD: The statement of authority to which this statement of denial pertains is: _____

and this grant of authority is denied.

Signature of person submitting denial

Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)