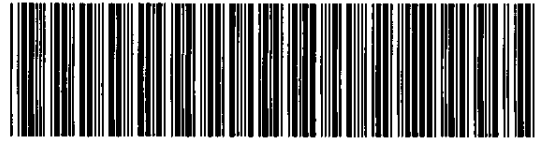


MU1000000182



700081598357

(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:  
*BRK*

Office Use Only

FILED  
06 DEC -6 AM 9:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
06 DEC -6 PM 4:27  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032  
REFERENCE : 644592 7541620  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 25.00

06 DEC -6 AM 9:06  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : December 6, 2006  
ORDER TIME : 2:39 PM  
ORDER NO. : 644592-005  
CUSTOMER NO: 7541620

FOREIGN FILINGS

NAME: 700 CARILLON INVESTORS, LLC

XX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Joyce Markley - EXT# 2930

EXAMINER: \_\_\_\_\_

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

**FILED**  
06 DEC -6 AM 9:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700 Carillon Investors, LLC  
\_\_\_\_\_  
(Name of limited liability company)

Delaware  
\_\_\_\_\_  
(Jurisdiction of its organization)

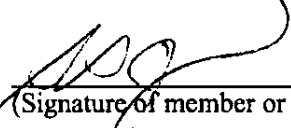
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

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.

235 Third Street South, Suite 300  
\_\_\_\_\_  
(Mailing address)

St. Petersburg, FL 33701  
\_\_\_\_\_  
(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)

Susan G. Johnson  
\_\_\_\_\_  
(Typed or printed name of signee)

**Filing Fee: \$25.00**