

MD1000000157B

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

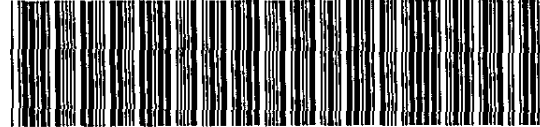
(Business Entity Name)

(Document Number)

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Office of the
Secretary of State

42204

11621 Kew Gardens Avenue
Suite 210
Palm Beach Gardens, FL 33410
561/622-8343 Phone
561/622-8455 Fax

**North Shore Capital
Management, L.L.C.**

Memo

To: Registration Section
Florida Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

From: Ed Chestolowski

CC: File

Date: April 16, 2004

Re: Application by Foreign LLC for Withdrawal of Authority to Transact Business in Florida

Please find enclosed the Application by Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida for the following entities:

- Anchor Hill, LLC
- Berry Ridge, LLC
- Shorewood, LLC
- Bluffs, LLC
- Copper Ridge, LLC

Please provide a certified copy of the withdrawal certificate for each entity. Enclosed please find a check for \$55 for each entity. This includes the \$25 fee for each certified copy. Please send the withdrawal certificate back to us via Federal Express, using our account #229631802.

Please contact me if you need anything further.

Thank you.



Ed Chestolowski

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

BLUFFS, L.L.C.

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

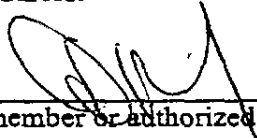
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

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.

11621 KEW GARDENS AVE., STE. 210
(Mailing address)

PALM BEACH GARDENS, FL 33410
(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)

DOUG REICH
(Typed or printed name of signee)

04 SEP 19 11:11 AM
RECEIVED
DEPARTMENT OF STATE

Filing Fee: \$25.00