

Division of Corporations

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# MON 0000670

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614) 280-3338  
Fax Number : (954) 208-0845

**LLC DISSOLUTION OR WITHDRAWAL  
MMI II RESERVE AT CLEARWATER, LLC**

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

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S. YOUNG

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MMI II Reserve at Clearwater, 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:

John R. Ascenzo

(Name of Person)

MMI II Reserve at Clearwater, LLC

(Firm/Company)

5429 LBJ Freeway, Suite 800

(Address)

Dallas, Texas 75240

(City/State and Zip Code)

For further information concerning this matter, please call:

Daryl McDearman

(Name of Person)

214

932-3684

at ( )

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 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

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
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## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

MMI II Reserve at Clearwater, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

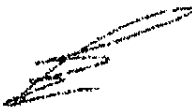
November 16, 2007

(Date registered with Florida Department of State)

M07000006770

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

  
(Signature of authorized representative)

Robert L. Landin, Authorized Person

(Typed or printed name of signee)

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**Filing Fee: \$25.00**