M99000001984

_____
(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:

11/9   with

M99-1984

Office Use Only

300042466713

MJH

11/09/04--01034--003 **25.00

FOA 5301-5570 WEST IDLEWILD AVENUE LLC

165 South Union Boulevard, Suite 510
Lakewood, CO 80228
Tel: 303.986.2222 Fax: 303.986.7990

November 3, 2004

Registration Section
Division of Corporations
P.O. Box 6327
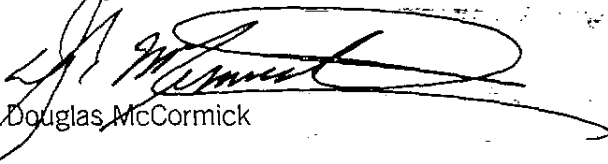Tallahasse, FL 32314

RE: FOA 5301-5570 West Idlewild Avenue LLC

To Whom It May Concern:

Enclosed please find one (1) original Application by Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida for FOA 5301-5570 West Idlewild Avenue LLC for filing with your office. Also enclosed is a check for $25.00 for the filing fee.

Please do not hesitate to call if you have any questions.

Sincerely,

Douglas McCormick

DM/llc
Enclosure

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

FOA 5301-5570 West Idlewild Avenue, 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.
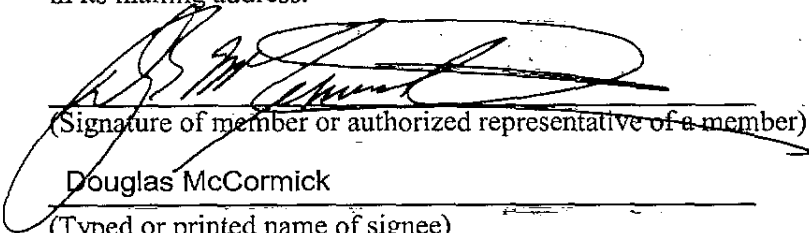
165 South Union Boulevard, Suite 510
_____
(Mailing address)

Lakewood, CO 80228
_____
(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)

Douglas McCormick
_____
(Typed or printed name of signee)

Filing Fee: $25.00