

MO 3000000682

(Requestor's Name)

(Address)

(Address)

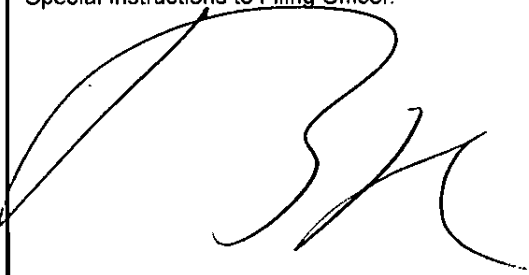
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

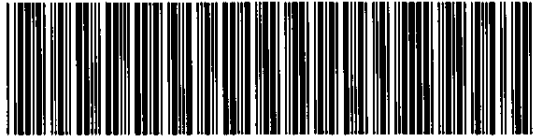
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:


Office Use Only



100082021851

FILED
06 DEC 13 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2006 DEC 13 AM 10:41
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 661212 4348715

AUTHORIZATION

Squidman

COST LIMIT : \$ 25.00

06 DEC 13 PM 12:48
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : December 13, 2006

ORDER TIME : 10:07 AM

ORDER NO. : 661212-040

CUSTOMER NO: 4348715

FOREIGN FILINGS

NAME: S.E. BRANDYWYNE WEST LLC

____ CORPORATE
____ LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF STATUS

CONTACT PERSON: Amanda Haddan - EXT# 2955

EXAMINER: _____

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

FILED
06 DEC 13 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S.E. Residential Brandywyne West 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.

825 Third Avenue, 36th Floor
(Mailing address)

New York, New York 10022
(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.

Wayne M. Lopkin
(Signature of member or authorized representative of a member)

Wayne M. Lopkin
(Typed or printed name of signee)

Filing Fee: \$25.00