

M05000004922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

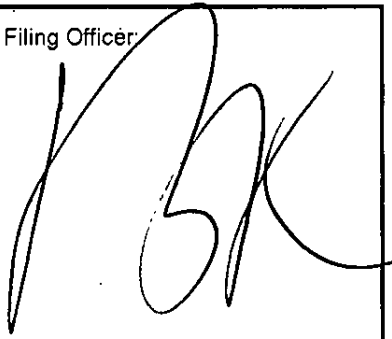
PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:



Office Use Only



900096719689

FILED

07 MAY 21 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

07 MAY 21 AM 8:41

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 907868 4312909
AUTHORIZATION : [Signature]
COST LIMIT : \$ 55.00

FILED
07 MAY 21 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : May 18, 2007
ORDER TIME : 4:44 PM
ORDER NO. : 907868-030
CUSTOMER NO: 4312909

FOREIGN FILINGS

NAME: 1200 NORTH OCEAN LLC

CORPORATE
LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF STATUS

CONTACT PERSON: Kathy Drake - EXT# 2959

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

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

**FILED**  
07 MAY 21 AM 10:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1200 North Ocean 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.

1601 Forum Place, Suite 805

(Mailing address)

West Palm Beach, FL 33401

(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)

Michael D. Clarke

(Typed or printed name of signee)

**Filing Fee: \$25.00**