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D. BRUCE

JUL 24 2008

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations					
SUBJECT: 812 CREIGHTON RD LLC					
(Name of Fo	reign Limited Liability (Company)			
Dear Sir or Madam:	•				
The enclosed withdrawal and fee(s) are submitt	ed for filing.				
Please return all correspondence concerning thi	s matter to the following	Ç.			
CHRISTY ANDERSON					
(Name of Person)		•			
CREST NET LEASE, INC.					
(Firm/Company)		•			
600 LATERRAZA BLVD. (Address)			SECK	08 JUL 23	raar
ESCONDIDO, CA 92025-1707			HASSEI	L 23	Track!
(City/State and Zip Co	de)	•		PHI	
For further information concerning this matter,	please call:		ORIDA	PH 12: 31	
CHRISTY ANDERSON	_{at (} 760	317-2935			
(Name of Person)	(Area Code &	Daytime Telephone Number)			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regist Divisi P.O. E	ration Section on of Corporations 30x 6327 assee, Florida 32314			
Enclosed is a check for the following amount	i:				
\$25 Filing Fee \$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy			

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

812 CREIGHTON RD 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.
600 LA TERRAZA BLUD.
(Mailing address)
ESCONDIDO, CA 92025
(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 of authorized representative of a member) Michael R. Pfeiffer (Typed or printed name of signee)
PH 12: IT

Filing Fee: \$25.00