(	Requestor's Name)	
(	Address)	
	Address)	
(	City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
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ACCOUNT NO. : 072100000032

REFERENCE : 702683 4304369

AUTHORIZATION :

	COST LIMIT : \$ 35.00	
ORDER DATE :	November 11, 2005	
ORDER TIME :	10:05 AM	
ORDER NO. :	702683-005	
CUSTOMER NO:	4304369	
FOREIGN FILINGS		

XX CORPORATE LIMITED PARTNERSHIP 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:

NAME: LM KISSIMMEE HOSPITALITY, INC.

## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

LM Kissimmee Hospitality	
(Name of Corporati	on)
	ES 5 T
FO2000002215	
(Document Number of Corporat	ion (if known)
Illinois	FLOST #
(Incorporated Under Le	ws of)
This corporation is no longer transacting business or conductir voluntarily surrenders its authority to transact business or conductive transactions.	
This corporation revokes the authority of its registered agent appoints the Department of State as its agent for service of proctime it was authorized to transact business or conduct affairs in	ess based on a cause of action arising during th
The following is a current mailing address for the corporation:	
LM Kissimmee Hospitality, Inc. c/o R	egency Savings Bank, FSB
(Mailing Address)	
11 West Madison Street; Oak	Park, IL 60302
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the	future of any change in its mailing address.
Michael Mrason	11/10/05
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Michael D. Mason	President
(Typed or printed name of person signing)	(Title of person signing)
FILING FEE \$3	5

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