Charles of or	Conversions Florida Department of State Division of Corporations Electronic Filing Cover Sheet
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	To: Division of Corporations Fax Number : (850)617-6380
	From: Account Name : C T CORFORATION SYSTEM Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368 HAA SST P
: 02	DISSOLUTION OR WITHDRAWAL
RECEIVED 11 AUG 25 AM 8: C	APF WO MANAGER 25, INC.



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i.

COVER LETTER

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TO: Amendment Section Division of Corporations

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SUBJECT: APP WO Managor 25, Inc.

(Name of Corporation)

DOCUMENT NUMBER: F06000005137

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The enclosed withdrawal application and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tara Nyack

(Name of Person)

c/o Stroock & Stroock & Lavan LLP

(Firm/Company)

180 Maidon Lane, 39th Floor

(Address)

New York, NY 10038

(City/State and Zip code)

at (212

For further information concerning this matter, please call:

Sena Schulz

(Name of Person)

(Area Code & Daytime Telephone Number)

3 806-5884

STREET ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

MAILING ADDRESS:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallabassee, FL 32301

FILED

2011 AUG 25 PM 4: 05

APPLICATION BY FOREIGN CORPORATION FOR WITHIN A STATE AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

APF WO Manager 25, Inc.

(Name of Corporation)

F06000005137

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(Document Number of Corporation (if known)

Delaware

(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida 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 or conduct affairs in Florida.

The following is a current mailing address for the corporation:

PO Box 5005

Ethel Gavrilova

(Mailing Address)

New York, NY 10163

(City/ State /Zip)

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

(Signature of a director, president or other officer - if in the hands of a sociever or other court appointed fiduciary, by that fiduciary)

Vice President & Assistant Secretary (Title of person signing)

(Typed or printed name of person signing)

FILING FEE \$35