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PICK-UP WAIT MAIL				
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PART AHASSEE FLORIDA

NUN 14 2013 D. BRUCE

COVER LETTER

Registration Section

тб:

Division of	Corporations					
SUBJECT: AR	C SPEI I, L.L	C.				
	(Name of Fo	reign Limited Liability (Company)			
Dear Sir or Madam:						
The enclosed withdra	awal and fee(s) are submitte	ed for filing.				
Please return all corr	espondence concerning this	matter to the following	;			
Jodi Andr	us					
	(Name of Person)					
American	Residential Co	ommunities				
4643 S. l	Jister Street,	Suite 400				
Denver, ((Address)					
	(City/State and Zip Cod	ie)			_	
For further informati	on concerning this matter, p	olease call:				
Jodi Andr	us	303	383-7512	ASSI	- چن آ	# LV
(Na	ame of Person)	at ((Area Code &	Daytime Telephone Number) 및 유	2	1
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			MII: 38	
Enclosed is a check	for the following amount:					
■ \$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	S55 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

ARC SPEI I, L.L.C.	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
M0000000277	
(Florida Document Number)	
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.	
4643 S. Ulster Street, Suite 400	17
(Mailing address)	
Denver, CO 80237	
(City/State/Zip) ORIUM ORIUM	. series
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.	

(Typed or printed name of signee)

Jódi Andrus

(Signature of member or authorized representative of a member)

Filing Fee: \$25.00