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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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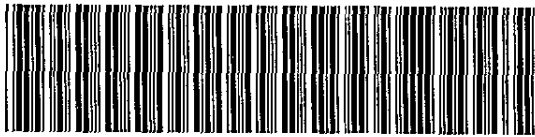
(Business Entity Name)

(Document Number)

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Sidney A. Keyles
Legal Assistant

Prudential Investments
Law Department
8 Campus Drive, 4th Floor
Parsippany, NJ 07054-4493
Tel (973) 734-1367 Fax (973) 683-1788
E-mail Sidney.Keyles@prudential.com

November 24, 2003

Florida Department of State
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: TOWN CENTRE AT METROWEST LLC

Dear Madam or Sir:

Enclosed herewith you will please find the original executed Application by Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida to be filed on behalf of Town Centre at Metrowest LLC. As stated in the Application, this Delaware limited liability company is no longer transacting business in Florida and desires to surrender its authority to transact business in the state.

You will also find enclosed a check payable to your order in the amount of \$25.00 to cover the Filing Fee.

I understand that a letter of acknowledgement will be issued free of charge upon withdrawal. If you could send that letter to the undersigned at the address in my letterhead, it would be greatly appreciated. Thank you in advance for your attention to this matter.

Very truly yours,

Sidney A. Keyles
Legal Assistant

Encl.

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

Town Centre at Metrowest 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.

c/o Prudential Real Estate Investors
8 Campus Drive, 4th Floor
(Mailing address)

Parsippany, NJ 07054
(City/State/Zip)

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

The Prudential Insurance Company of America, managing member

By: Christine Schwake, Vice President
(Signature of member or authorized representative of a member)

Christine Schwake, Vice President
(Typed or printed name of signee)

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