

m000000001456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

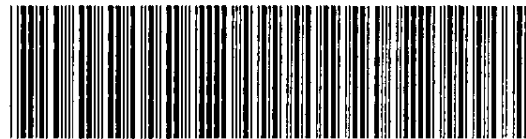
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

B. BOSTICK

MAY 11 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stomad Centers Crosswinds Center, LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charles Markman
(Name of Person)

stoltz Management of Delaware, Inc
(Firm/Company)

725 Conshohocken State Road
(Address)

Bala Cynwyd, PA 19004
(City/State and Zip Code)

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STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Charles Markman at (610) 667-5800 ext319
(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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☒ \$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**

Stomad Centers Crosswinds Center, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

M00000001456

(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.

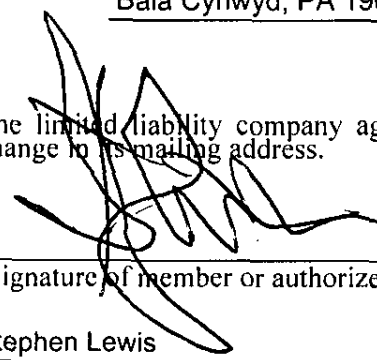
725 Conshohocken State Road

(Mailing address)

Bala Cynwyd, PA 19004

(City/State/Zip)

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


(Signature of member or authorized representative of a member)

Stephen Lewis

(Typed or printed name of signee)

Authorized Person

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00