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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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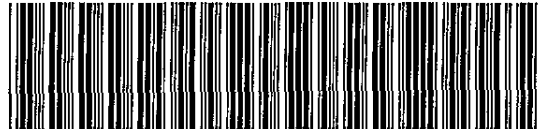
(Business Entity Name)

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J. BRYAN FEB 24 2003

MURTHA CULLINA LLP

A T T O R N E Y S A T L A W

99 HIGH STREET
BOSTON, MASSACHUSETTS 02110-2320

TELEPHONE (617) 457-4000
FACSIMILE (617) 482-3868
www.murthlaw.com

February 19, 2003

Via UPS

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RE: Winn Southern Management, LLC

Dear Sir/Madam:

Enclosed please find an Application by Foreign Limited Liability Company for withdrawal of Authority to Transact Business in Florida, regarding the above-referenced limited liability company (the "LLC"), along with this firm's check in the amount of \$60.00 to cover the cost of filing same, obtaining a certified copy of said filing as well as a Certificate of Status. The LLC filed a Certificate of Cancellation (a copy of which is enclosed for your review) in its home jurisdiction and is therefore seeking a Certificate of Withdrawal from the State of Florida. Please forward evidence of filing to my attention via the return UPS envelope provided for your convenience.

Thank you for your courtesy and assistance in this matter and please do not hesitate to call if I may be of further assistance.

Very truly yours,



Cristal M. Reed
Paralegal

Enclosures

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2003 FEB 21 AM 10:17
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

Winn Southern Management, LLC

(Name of limited liability company)

Massachusetts

(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.

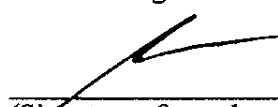
Six Faneuil Hall Marketplace

(Mailing address)

Boston, MA 02109

(City/State/Zip)

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



(Signature of member or authorized representative of a member)

Samuel Ross, Manager

(Typed or printed name of signee)

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA