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SECRETARY OF STATE
ALLAHASSEF FLORIDA

TO: Registration Division of	n Section Corporations		•		
SUBJECT: Mit	chell Family Prope			ent No. M1000	<u>00</u> 0795)
	(Name of F	oreign Limited Liabili	ty Company)	•	
Dear Sir or Madam:					
The enclosed withd	rawal and fee(s) are submit	ted for filing.	,		
Please return all cor	respondence concerning th	is matter to the follow	ing:		
	,		_		
Paul R. M	itchell				
	(Name of Person)				
 	(F) (C)		_		
· · · · · · · · · · · · · · · · · · ·	(Firm/Company)		•	· · ·	
4707 V111	a Mare Lane				
	(Address)			· •	•
				•	
Naples, F.	lorida 34103 (City/State and Zip C	ode)		•	
,				,	
For further informat	ion concerning this matter,	, please call:			
Paul R. Mi	rchell	239	, 430-	0943	
	lame of Person)	(Area Code	e & Daytime Telep	phone Number)	
	calninn innhass.	24		PRR.	
STREET/COURIER ADDRESS: Registration Section		MAILING ADDRESS: Registration Section			
Division of Corporations		Division of Corporations			
. Clifton Building 2661 Executive Center Circle		P.O. Box 6327 Tallahassee, Florida 32314			
Tallahassee, Florida 32301		141	innassee, Pionus	132314	
Enclosed is a check	t for the following amoun	t:			
▼\$25 Filing Fee	S30 Filing Fee & Certificate of Status	S55 Filing Fee Certified Copy		ite of Status &	

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

MITCHELL FAMILY PROPERTIES-NAPLES, LLC (Document No. M01000000795)
(Name of limited liability company)
Michigan
(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.
4707 Villa Mare Lane (Mailing address)
Naples, Florida 34103 (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)
Paul R. Mitchell, MGRM
(Typed or printed name of signee)

Filing Fee: \$25.00

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SECRETARY OF STATE